



**AKINA MAMA WA AFRIKA  
TUWEZESHE AKINA DADA PROJECT**

*TuWezeshe Akina Dada Africa-UK Young Women's Leadership  
and Empowerment Movement*

**UGANDA BASELINE STUDY REPORT**

**July 2017**

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Finally, this study should be viewed as a work in progress. We hope that the study contributes to the debate and growing research in Uganda on violence against young women in universities.

## Acronyms

ACFODE	Action for Development
AMwA	Akina Mama wa Afrika
AWLI	African Women's Leadership Institute
CEDAW	UN Convention on the Elimination of all Forms of Discrimination Against Women
CEDOVIP	Centre for Domestic Violence Prevention
CRPD	UN Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organisations
DEVAW	Declaration on Violence Against Women
DVA	Domestic Violence Act
EOI	Equal Opportunities Commission
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FORWARD	Foundation for Women's Health Research and Development
FOWODE	Forum for Women in Democracy
FP	Family Planning
FUE	Federation of Uganda Employers
GBV	Gender Based Violence
GWED-G	Gulu Women Economic Development and Globalization
HIV	Human Immuno-deficiency Virus
ICTs	Information and Communication Technologies
KIIs	Key Informant Interviews/ees
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
MEL	Monitoring, Evaluation and Learning
MEMPROW	Mentoring and Empowerment of Young Women
MGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
NGBVD	National Gender Based Violence Database
NGOs	Non-governmental Organisations
PEP	Post Exposure Prophylaxis
PWDs	Persons with Disabilities
RTRR	Reporting, Tracking, Referral and Response
SSAP	Sub-Sahara Advisory Panel
SGBV	Sexual and Gender Based Violence
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually Transmitted Disease
UCU	Uganda Christian University
UDHS	Uganda Demographic Health Survey
UNSCR	United Nations Security Council Resolution
UWONET	Uganda Women's Network
UYONET	Uganda Youth Network
VAW	Violence Against Women
WOUGNET	Women of Uganda Network
YWLI	Young Women Leaders Institute

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## Executive Summary

TuWezeshe Akina Dada Africa-UK Young Women's Leadership and Empowerment Movement (from here on known as TuWezeshe Dada) is a three-year Comic Relief Common Ground Initiative funded women and girls' rights project. Operating between July 2016 - March 2019, TuWezeshe Dada will be implemented in five countries; the United Kingdom, Kenya, Uganda, Tanzania and Somaliland and will be facilitated by a consortium of four organisations namely Foundation for Women's Health Research and Development (FORWARD), Akina Mama waAfrika (AMWA), Sub-Sahara Advisory Panel (SSAP) and Young Women Leaders Institute (YWLI).

TuWezeshe Dada aims to improve the rights and amplify the voices and actions of East African girls and young women in their fight against all forms of gender based violence. Through innovative and effective approaches including capacity building, leadership development, mentoring, organising young women networks and social change communication activities, the project will address gender based violence in a holistic, integrated and intersectional fashion.

This Uganda Baseline Study was commissioned by AMWA and is part of the Tuwezeshe Dada project's overall Monitoring, Evaluation and Learning (MEL) strategy to measure progress and impact from its baseline through to its end line. The aim of the baseline study was to generate qualitative and quantitative data, indicators, and country specific information on the general prevalence of GBV. It sought to locate young women's rights within a legal and policy context while highlighting the opportunities and barriers young women leadership initiatives face. The data collected will be used for further advocacy work and to inform how the project is implemented.

There is a breadth of research on Violence Against Women (VAW) especially in recent years concerning Uganda. There is also quite substantial research on violence against children. However, a gap still exists when it comes to research on violence against young women. This baseline study focuses on violence against young women between ages 18 – 35 years, specifically at university level. Key Findings of the Baseline study speak to the main outcomes of the Tuwezeshe Dada project as below:

### **Key Findings on Legal and Policy Framework on Violence Against Women (VAW)**

Uganda has a commendable legal and policy framework on VAW. However, challenges exist with implementation of legislation in order for survivors to access services and justice.

There is limited knowledge about the different laws and policies among duty bearers and rights holders. For example, awareness of the Domestic Violence Act ranged from 18% among health workers to 43% among the police.

The burden of raising legal awareness among communities falls mainly on CSOs. However, challenges exist in the scope of community sensitization thereby limiting it to project areas and not entire country.

### **Key Findings on services available to young women in universities**

Most common forms of VAW at universities sampled were; sexual harassment including sex for academic marks, intimate partner violence, rape, blackmail, emotional and psychological violence, violence using information and communication technologies particularly social media and mobile phones.

Limited quantitative data on VAW prevalence in universities. One study undertaken in medical school found 49% of the students undergoing medical training in universities have experienced sexual harassment.

Sexual Harassment policies exist in some universities. 50% of universities sampled in this baseline study had sexual harassment policies. However, more universities need to be supported to develop sexual harassment policies.

Implementation of the sexual harassment policies has challenges including low awareness among students, lack of trust in the sanction mechanisms, low reporting rates, as well as limited collection of VAW data including VAW prevalence, forms, perpetrators, etc.

Few safe spaces exist for young VAW survivors in universities

Young women have been forced to develop alternative coping mechanisms with respect of VAW particularly their friends, peers and trusted authority figures. These can be opportunities for future interventions

Services are available to address VAW. They are offered by the universities, by institutions around the university and external partners. However, there are still very few organisations working on long-term comprehensive VAW prevention and response programmes with universities.

Male engagement to address VAW is low. More interventions with both male students and lecturers are needed to expand cohort of male allies/supporters in the fight against VAW

Health centres and police within and around universities provide medical, counseling and legal services. However, there are challenges with unclear referral systems among service providers, lack of trust by students. Additionally, services are viewed as not youth-friendly, rights-based or gender sensitive, and there is limited integration of VAW, SRHR and legal services available for students.

VAW affects young women's leadership potential, and the country's goals of gender equality and girl education. Young women's leadership capacity building programmes are needed.

### **Key findings on young women's leadership**

Young women do not yet feel empowered to fight for their rights, particularly around VAW in universities

There are still few women in university student leadership structures.

There are organisations that conduct leadership capacity building programmes for young women generally. However, only a few CSOs are conducting leadership programmes at university level, and even less with a specific interest in VAW.

Few young women-led organisations at national level. Few youth led organisations focusing on VAW. This limits collective organizing and action on VAW by young women.

Both young female students and young women in academia are potential beneficiaries of capacity building on VAW, leadership and mentorship.

### **Key Findings on broader VAW movement**

Limited coordination among VAW actors. The result is replication, concentration of interventions in a few areas in the country; less leverage for big funding over long periods instead more short-term projects.

Young women (18 – 35) are not explicitly mentioned as a major target group, beneficiary or project implementer for many of the community programmes reviewed or VAW interventions broadly. VAW organisations focus on girls and women but not much focus on young women who are extremely vulnerable especially due to gender role expectations.

Narrow focus of government youth development programmes. There is a missed opportunity for not approaching these programmes to empower youth holistically as leaders, citizens, and entrepreneurs. These programmes could be broadened to include skills building like life skills, empowerment, self-confidence, gender, VAW, SRHR, human development, human rights, responsibilities as a citizen, etc.

Few young women activists as well as young women organisations and peer networks are active in VAW Coalitions or policy making platforms at local and national level.

Gap in grounding in feminist approach among most organisations working with young women and young people generally.

Because of limited understanding of vulnerabilities of young women, there are still little funds targeted at young women and need more long term programming funds.

A Culture of silence still exists at the community and social level when it comes to violence against women.

Lack of knowledge and awareness coupled with negative attitudes and perceptions, negative behaviours and mind set of communities continue to undermine efforts towards addressing VAW.

Many health facilities, police and local councils are not youth-friendly and yet research shows that they are the first points of contacts for women who report VAW.

There is a large gap in community member response to VAW specifically affecting young women. Most CSO, government, faith-based organisations and school-based initiatives have focused on VAW affecting girls (especially sexual abuse/defilement), adolescent girls and women. Young women (age 15 - 24) have fallen through the cracks when it comes to VAW prevention and response programmes.

### **Key Findings on VAW and Intersectionalities**

There is limited coordination across sectors. Although VAW is a human rights, public health and gender issue, very few interventions bring together various CSOs working across these sectors for joint programming or coordination. For example, there is limited coordination

between SRHR CSOs and women's organisations, in the area of VAW and SRHR intersections, although SRHR CSOs have a long tradition of targeting young people in programming and have established youth networks.

There is no collective young women's movement. There is potential for these women to be part of the national feminist forum or within different organisations. Additionally, there is need to encourage young women to organize and address issues as a strong collective or movement.

More awareness is needed on VAW among young women with disability and young women in the LGBTI community.

Create space for young women to interact - bring young women from different constituencies together including LGBTI, PWDs, young women with influence on social media.

**Key recommendations** outlined in this study to address violence against young women in universities include:

1. Enhance capacity of university administration and committees in charge of gender and sexual harassment to address VAW in universities.
2. Target young women NGOs and youth organisations to mainstream VAW in their work as opposed to only targeting individuals. AMWA could come up with guidelines on mainstreaming VAW/GBV in these CSOs.
3. Develop mentorship, leadership and movement building guidelines that can be used as benchmarks for partner organisations working with young women
4. Strengthen data collection systems on all forms of violence against young women in universities. Data on violence in schools/institutions of learning should be regularly collected to enable actors develop evidence based prevention and response interventions. This data should be linked to the MGLSD GBV Database.
5. Collaborate with VAW Coalitions, government and development partner gender and GBV groups to increase membership of young women organisations and young women activists in order to increase number of young women engaging with policy makers on VAW prevention and response. This will encourage accountability of policy makers to young women's needs as well as enable young women to have their own voice in these spaces

## 1.0 Introduction

TuWezeshe Akina Dada Africa-UK Young Women's Leadership and Empowerment Movement (from here on known as TuWezeshe Dada) is a three-year Comic Relief Common Ground Initiative funded women and girls' rights project. Operating between July 2016-March 2019, TuWezeshe Dada will be implemented in five countries; the United Kingdom, Kenya, Uganda, Tanzania and Somaliland and will be facilitated by a consortium of four organisations namely Foundation for Women's Health Research and Development (FORWARD), Akina Mama waAfrika (AMWA), Sub-Sahara Advisory Panel (SSAP) and Young Women Leaders Institute (YWLI). TuWezeshe Dada aims to improve the rights and amplify the voices and actions of East African girls and young women in their fight against all forms of gender based violence. Through innovative and effective approaches including capacity building, leadership development, mentoring, organising young women networks and social change communication activities, the project will address gender based violence in a holistic, integrated and intersectional fashion. Project interventions will focus on strengthening the links between and improving the visibility, profile, and leadership of young women in East Africa and the UK diaspora as well as across generations and urban/rural divides.

The main intervention strategies of the project include:

- Providing leadership development training and mentoring support for young women;
- Promoting safe platforms and creating safe spaces to foster young women's networks, activism and outreach to their peers;
- Using social communication change activities to mobilize communities and key stakeholders to take up the call to end SGBV; Coordinating evidence-based advocacy action on the rights of girls and young women including transnational forms of violence and exploitation such as FGM;
- Developing the capacity of the consortium to effectively deliver and disseminate learning to other young women both on the continent and in the diaspora in the wake of this program.

### **Project Goal:**

To improve the rights and amplify the voices of East African girls and young women in their fight against all forms of gender based violence.

### **Project Outcomes:**

Over the course of the 4 year implementation period, the project will have four defined outcomes targeted to each of the project target groups such as young women, communities, government and development partners (duty bearers), and partner organisations. These are:

1. Young women are empowered leaders and able to influence and shape decisions about their rights and entitlements;
2. Young women's peer networks and organisations foster spaces that amplify girls' and young women's voices on their rights to be protected from all forms of gender based violence;
3. Communities have increased awareness about social norms that perpetuate violence against girls and young women and are engaged in tackling violence against girls and women;

4. Government and development partners are more accountable and committed to protecting and responding to girls' and young women's rights to be free from all forms of violence against women and girls;
5. Strengthened organizational capacity of partners for improved efficiency and policy influence.

## 1.1 Background

### Understanding Violence Against Women

Violence against women and girls (VAWG) is one of the most widespread human rights abuses worldwide, affecting one third of all women in their lifetime. It is the leading cause of death and disability of women of all ages and has many other health consequences. Violence against women and girls is a fundamental barrier to eradicating poverty and building peace. Even the most conservative estimates measure national costs of violence against women and girls in the billions of dollars. (Emma Fulu, 2014)

In the broadest terms, *“GBV is violence that is directed at individuals based on their biological sex, gender identity, or perceived adherence to culturally-defined expectations of what it means to be a woman and man, girl and boy. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private.”* (CARE, October 2014)

The term GBV is widely used as a synonym for violence against women (VAW), as women are the most obvious victims and survivors of violence. The United Nations' 1993 *Declaration on the Elimination of Violence Against Women* defines violence against women as *“any act of gender-based violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.”* This declaration explicitly covers a broad range of acts, including marital rape, sexual abuse of female children, sexual harassment, trafficking in women, forced prostitution, and violence perpetrated by the state. The UN definition of violence against women is important because it recognizes the responsibility of the state to secure and address the human rights of women, and recognizes that violence against women is gender-based, and that it goes beyond the private problems of individual victims. (Angela Baldasare, 2012)

GBV exists because of the differences in power between males and females and is rooted in cultural norms regarding masculinity and femininity, male honor, female chastity and obedience, and male sexual entitlement, an ideology that supports the idea that females are considered to be subordinate to males and that wives are expected to obey and satisfy their husbands. As a result, a large proportion of GBV is aimed specifically at women and girls. Though less frequent, boys and men also experience GBV, especially if they have deviated from specific definitions and cultural expectations of masculinity. (CARE, October 2014)

For purposes of this Baseline Study, the terms Violence Against Women (VAW) and GBV will be used interchangeably throughout the report.

### Violence Against Women: Global Trends

Globally, 16–50% of ever-partnered women report having been physically assaulted by an intimate partner. In Sub-Saharan Africa, 13–49% of women reported that they have been hit or otherwise physically assaulted by an intimate male partner, with 5–29% reporting physical violence in the year before the survey. Research also suggests that many women are sexually assaulted by their partners. Cross-sectional household surveys in one province in Zimbabwe and in Ethiopia found that 26% and 59%, respectively, of ever-partnered women have been forced to have sex, with 20% and 40% reporting unwanted sex in the year before the survey. (Watts and Mayhew, 2004)

Evidence has found that VAW has wide-ranging health consequences. Studies indicate that intimate partner violence is an important cause of morbidity and mortality, and an important factor affecting women's sexual and reproductive health. Forced sex is associated with a range of gynecological and reproductive health problems, including HIV and other sexually transmitted infections (STIs), unwanted pregnancy, vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, pain during inter-course, chronic pelvic pain and urinary tract infections. Studies have linked violence against women to unwanted pregnancies, especially among adolescent females, while violence greatly limits women's ability to use contraceptives. Violence in pregnancy may pose a threat to the life and health of the mother and the fetus. Physical violence during pregnancy is associated with miscarriage, late entry into prenatal care, stillbirth, premature labor and birth, and low birth weight. (Watts and Mayhew, 2004)

To prevent VAW it is important to address the underlying causes of the problem. Evidence shows that no single factor causes violence. Violence emerges from the interplay of multiple interacting factors at different levels of the social 'ecology'. Some of the factors or conditions which encourage violence include developmental history, personality profile, relationship dynamics, household and community structures, and the macro- and global level forces that shape prevailing norms, access to resources, and the relative standing of men versus women as a result of patriarchy. Interventions that have the potential to reduce rates of VAW are similarly many and varied. They may target one or more risk factors and operate across single or multiple settings. (Emma Fulu, Alice Kerr-Wilson, James Lang, 2014)

## **Violence Against Women in Uganda**

VAW remains a human rights, public health and economic concern in Uganda with 56 percent of women in 2011 UDHS citing having experienced physical violence by 15 years of age while 28 percent of women between 15 - 49 years of age have ever experienced sexual violence compared to 9 percent of men in the same age group. The percent of women between 15-49 who have experienced sexual violence reduced to 22 percent in the 2016 UDHS.

According to UDHS 2016, Women in Uganda are more than twice as likely to experience sexual violence as men. More than 1 in 5 women age 15-49 (22 percent) report that they have experienced sexual violence at some point in time compared with fewer than 1 in 10 (8 percent) men. Thirteen percent of women and 4 percent of the men reported experiencing sexual violence in the 12 months preceding the survey. Women aged 15-19 are less likely (5 percent) to report recent experience of sexual violence age than older women (13-16 percent). Women in urban areas (9 percent), women in Acholi subregion (5 percent), and single women (1 percent) are less likely than other women to report recent experiences of sexual violence.

The highest reports of sexual violence are experienced by women in the sub-regions of Bukedi (39.8 percent), Toro (26.3 percent), Busoga (26.1 percent), Ankole (25.8 percent), North central (23 percent), Kigezi (22.7 percent), West Nile (21.9 percent), Lango (21.5 percent), and South Central (20.1 percent)(UDHS, 2016).

The economic cost of VAW to the Ugandan economy is extremely high. A study by CEDOVIP and Economic Policy Research Centre (EPRC) found that individual citizens spend up to 15 billion Uganda shillings annually (5.8 million USD) to address domestic violence. Domestic Violence costs the tax payer another 37 billion shillings annually (14.3 million USD) which is spent by State institutions like the Judiciary, policy and health sectors. (CEDOVIP, 2012)

In order to ensure a coordinated framework to address GBV across the country with multiple partners, the government launched the National Action Plan to Eliminate Gender Based Violence in November 2016. The absence of a National GBV policy had become a barrier to addressing GBV in the country since funds could not be allocated for the implementation of the Domestic violence Act by the different key government sectors. The policy aims to generate buy-in across government sectors, and make better use of all available resources.

### **Scope of Baseline Study**

This baseline study is part of the Tuwezeshe Dada project's overall Monitoring, Evaluation and Learning (MEL) strategy to measure progress and impact from its baseline through to its end line. The baseline study aims to provide detailed baseline data on key project indicators. This will enable partners and stakeholders to measure the progress of the project outcomes/changes on the target beneficiaries over the course of the project. The data collected will be used for further advocacy work and to inform how the project is implemented. The baseline survey will generate qualitative and quantitative data, indicators, and country specific information on the general prevalence of GBV. It will locate young women's rights within a legal and policy context while highlighting the opportunities and barriers young women leadership initiatives face.

There is a breadth of research on VAW especially in recent years concerning Uganda. There is also quite substantial research on violence against children. However, a gap still exists when it comes to research on violence against young women. This baseline study focuses on violence against young women between ages 18 – 35 years, specifically at university level.

The reasons for this focus are twofold:

1. AMwA's main constituency are young women who it targets through its flagship programme, the African Women's Leadership Institute (AWLI). In the past couple of years, AMwA has started working with young women in universities. The Tuwezeshe Dada project is seen as a vehicle to build on this work in a systematic and grounded manner, hence the need for this baseline study.
2. A quick scan on available literature in Uganda points towards limited focus on VAW in universities and other tertiary institutions. Furthermore, much of the existing research in this area is from developed countries. Less is known about VAW among adolescents and young women in higher institutions from developing countries. (Spencer 2016, Stockl/WHO, 2014). Many respondents in this baseline study had limited knowledge of any such studies on VAW among young women in universities.

## **Baseline Methodology**

### **a) Main objectives of baseline study included:**

1. To obtain current data and identify trends, emerging issues and patterns of VAW and discrimination which affect young women in Uganda, particularly in universities/institutions of higher learning.
2. To obtain country specific baseline information on the legal context (including laws and policies) regarding VAW and assess the implementation of these laws and policies
3. To collect baseline information on the project outcomes and indicators
4. To assess the experiences and perspectives of young women on young women's leadership and activism

### **b) Timeline for baseline data collection and analysis**

Baseline data collection (including desk review, key informant interviews, focus group discussions) and analysis took place between May and June 2017.

A team of consultants supported AMWA in conducting the Baseline study. The experienced team combines expertise in the field of gender, women's rights, sexual and reproductive health and rights, and law. The team conducted Key Informant Interviews, Focus Group Discussions, Desk Review and Data analysis for the Baseline Study.

## **1. Methodology**

### **a) Data collection methods and sampling**

An extensive literature/desk review was conducted that provided a rich source of information on the VAW context in Uganda, regionally and internationally. Interview guides were developed drawing heavily on the FORWARD Standard Baseline Study Framework.

A total of 47 respondents were sampled for the Key Informant Interviews (KIIs). Categories of KIIs were civil society organisations, women's organisations, university administration, young women's organisations, development partners, government agencies, young women, young men and individual activists.

3 Focus group discussions (FGDs) were held with young female (16) and male students (5 male) at Uganda Christian University - Mukono and Makerere University. At UCU - Mukono, 2 separate FGDs were conducted composed of 6 female students aged between 22 - 23 years (1 FGD) and 5 male aged between 22 - 25 years (1 FGD). The students were all between 1st year and 3rd year of studies. At Makerere University, 1 FGD was conducted with 10 young women aged between 20 - 24 years, and studying between 2nd - 4th year.

The sample for the interviews was drawn from Gulu, Lira, Kampala and Mukono. Selection of KIIs was informed by AMWA recommendations as well as utilizing the snow-ball effect. The selection of the FGDs was informed by AMWA's categorisation of young women as those between 18 - 35 years for purposes of this baseline study.

### **c) Limitations associated with methodology used**

The very tight data collection time-frame as well as logistical delays limited the scope and depth of the focus group discussions (FGDs) and key informant interviews. At the same time, the timing of the data collection coincided with university examination period and vacation. Given the paucity of both primary and secondary information available on young women in universities and VAW, the baseline study relied heavily on qualitative data. Previous studies that have been done on VAW have focused mainly on adolescent girls and adult women, therefore information on young women in the identified age group was not readily available. Quantitative data is used where the data quality is assured.

## **2.0 Findings of Baseline Study**

### **2.1 Legal and Policy Framework on Violence Against Women**

#### **International and Regional framework:**

Uganda is a party to several international human rights treaties which speak to VAW. These include the UN Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) which was ratified on 22 July 1985, the Convention against Torture in 1986, the Beijing Declaration and Platform of Action, (1995) and the Declaration on Violence Against Women (DEVAW 1993). Specifically, the Beijing Platform for Action declares that “violence against women constitutes a violation of basic human rights and is an obstacle to the achievement of the objectives of equality, development and peace” (Arts 1, 2). The Beijing Platform for Action together with the DEVAW recognize that in all societies, to a greater or lesser degree, women and girls are subjected to sexual and psychological abuse that cuts across lines of income, class and culture. However, they both lack binding legal authority and are merely strong statements of principle to the international community.

At the regional level, the country ratified the Additional Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa (Maputo Protocol) in July 2010 as well as several instruments for the promotion of gender equality in Africa such as the AU Gender Policy, Solemn Declaration on Gender Equality, the Protocol on the Suppression of Sexual Violence of the International Conference on the Great Lakes Region (ICGLR), and the Goma Declaration on Eradicating Sexual Violence and Ending Impunity in the Great Lakes Region, June 2008.

Specifically, the Maputo Protocol provides for strong protections against gender-based violence and incorporates elimination of violence under the scope of women’s rights to life, integrity and security of the person and the right to dignity. The Maputo Protocol specifically requires states parties to “protect women, especially the girl-child from all forms of abuse, including sexual harassment in schools and other educational institutions.” (Maputo Protocol Art. 12(1) (c). The protocol also requires states to “prohibit, prevent and punish all forms of violence against women including unwanted or forced sex whether the violence takes place in public or private (Art. 4). However, Uganda’s ratification of the Maputo Protocol came with reservation regarding women’s control of reproduction (Art.14).

Despite the commendable rate of ratification of both international and regional human rights instruments responding to VAW, there is a slow pace of implementation of ratified treaties with several standards at the international and regional levels not yet incorporated in national legislation. Also, Uganda’s reporting to international bodies is sporadic. For instance, Uganda’s reporting under the CEDAW leaves a lot to be desired. Of the 7 reports submitted since the treaty’s ratification, 6 have been combined. The 1<sup>st</sup> and 2<sup>nd</sup> reports were jointly

submitted in June 1992 while the 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> reports were submitted as a merged draft in December 2008. The 8<sup>th</sup> report is yet to be submitted.

At the same time, there is a lack of clarity on responsibility for reporting between the line ministries of Foreign Affairs and that of Gender, resulting into blurred responsibilities and delayed submissions. Furthermore, there is low awareness on both the existence and content of treaties such as CEDAW and the Maputo Protocol and very low use of international treaty bodies and mechanisms such as the CEDAW Committee, the UN Special Rapporteur on Violence Against Women or the AU Special Rapporteur on the Rights of Women in Africa. Uganda has also delayed to ratify a number of key protocols including the Optional Protocols to the CEDAW and the Convention against Torture.

### **National Legislation**

The basis for the observance of fundamental rights of all Ugandans, equality between men and women and protection from VAW is the Constitution of Uganda (1995). The Constitutional objectives and principles therein, direct the State to provide for empowerment of women and other marginalized groups, ensure gender balance, equal treatment under the law regardless of sex, equal rights during and after marriage as well as affirmative action for marginalized groups on the basis of gender, inter alia.

Following the commendable Bill of Rights laid out in the 1995 Constitution, Uganda has made progress in ratifying and domesticating several international and regional instruments. While no comprehensive law exists covering all aspects of women's rights and VAW, progress has been made in passing relevant laws and policies in that regard. First is the Penal Code carrying the more general offences of rape, indecent assault and a prohibition of defilement to both boys and girls. Additionally, the Education (Pre-Primary, Primary and Post-Primary) Act of 2008 requires the government to "ensure safety and security of children in schools and all education institutions."

However, the new and more specific legislation is the Domestic Violence Act (DVA), 2010 and its 2011 Guidelines. One of the key landmark achievements of this law is that its definition of 'abuse' includes abuse that does not result in physical injuries. The law recognizes emotional and verbal and psychological abuse, harassment, intimidation and economic abuse.

Other relevant laws include the Prohibition of Female Genital Mutilation Act (2010), the Trafficking in Persons Act (2009) and the Equal Opportunities Commission (EOC) Act of 2007 which addresses issues of violations of marginalized people's rights. Together, these legislative reforms have translated into some progress in the realization of women's rights including increased protection of women's rights on specific aspects such as harmful socio-cultural practices and protection from abuse. Another Ugandan law that should eventually benefit women is the Employment Act passed in 2006 and its Regulations passed in 2012, which prohibit sexual harassment at the workplace.

A review of the legislation highlighted above illustrates that the Government of Uganda has undertaken a number of measures to protect women and girls from GBV. Indeed, the recent laws have widened the scope of protection by, for instance, defining new offences such as female genital mutilation, and domestic violence. The new laws also adopt a victim-centred approach and create mechanisms for victim protection beyond the traditional approaches of prosecution. Notably also, these laws adopt a gender-neutral language. In so doing, it can

be concluded that they recognise the fact that both men and women can be perpetrators as well as victims of GBV.

There however, is progress that is yet to be achieved, mostly revolving around actual operationalization of these laws. For instance, though having been passed in 2009, the DVA is yet to become functional or fully appreciated by actors within the criminal justice system. Experience from enactment of the DV Act has shown that the Government is slow to implementing the GBV laws and policies. The responsible ministry, The Ministry of Gender, Labour and Social Development (MoGLSD) has also not issued simplified guidelines to support integration of GBV in the existing plans of other ministries and sectors. This gap in a multi-sectoral approach to addressing GBV is what the National Policy on Elimination of GBV 2016 set out to tackle. Having the GBV Policy passed therefore mandates that; government should allocate resources for the implementation of GBV laws including the Domestic violence Act 2010, Anti-Female Genital Mutilation Act 2010 and Prevention of Trafficking in Persons Act 2009; sectors are now clear on their mandates, are able to plan for sector specific activities/outputs, set specific outcomes and allocate funds towards their implementation as mandated by the National Action Plan (Uganda Domestic Violence Coalition, 2016). It is still too early to evaluate the effect of this policy.

In addition, duty bearers at local level who are responsible for the protection and promotion of violence free communities and implementation gender related laws and policies have limited knowledge on even the existing GBV laws and policies. They also have negative attitudes towards GBV. For example, in a baseline survey done by the Domestic Violence Coalition, more than 50% of duty bearers (police, community activists, health workers, and local council officials) believed that at least one reason was sufficient justification for beating one's wife. Awareness of the Domestic Violence Act ranged from 18% among health workers to 43% among the police. (CEDOVIP, 2013)

At community level, men and women are also not aware of the existing GBV policies and laws as well as their rights and responsibilities. In an assessment on GBV in Busoga region, only 44.1 % police officers had basic knowledge about GBV, while health officers had only 8.1 %, community development officers were at 36.4%, and 11.2% for Local councilors. Only 4.3 % of health officers knew ways of addressing GBV survivors, while this was 14.6% among the CDO's and 8.4% among the Local councilors. (UWONET, 2015).

Sensitisation of these laws have mainly been left to the good will of NGOs and CSOs who have established community groups and mechanisms by which citizens and local leaders can push for accountability on VAW cases. However, CSOs work is limited to certain parts of the country where projects are implemented and does not cover the entire country. Another criticism levied against these laws is the failure to address the pre-existing difficulties that inhibit women particularly from accessing justice such as costs associated with the complaint process. This is made worse by the absence of a national legal aid policy and legislation yet most of the victims are potentially persons that require legal assistance.

Additionally, there are glaring gaps in regard to laws that are yet to be passed starting with the Marriage and Divorce Bill. The Marriage and Divorce Bill has been a source of contention for more than thirty years and Parliament has consistently resisted passing the Bill on grounds that the bill contains contentious clauses such as that on marital rape. Also yet to be enacted is the Sexual Offences Bill, which would expand on the category of offences provided under the DVA. As a result, the current legislative framework does not fully address

crucial issues relating to women's rights including sexual harassment, marital rape, domestic relations and rights of women in conflict situations. Additionally, definitions of sexual offences such as rape do not yet match the internationally accepted definitions e.g. such as those under the United Nations Security Council Resolution (UNSCR) 1325 which cater for cases of non-penetrative sex and non – penile rape involving use of objects such as metals, bottles - a practice common during conflict when systematic rape is used as a tool of war.

### **National Policy Framework**

There are several policies in Uganda touching on youth and gender relations generally, and specifically GBV. One is the National Policy on the Elimination of GBV in Uganda and its Action Plan which was launched in 2016 and is consistent with the Uganda Gender Policy 2007. Others include the National Action Plan on Women 2008 and the National Youth Policy, enacted in 2001 as a step forward in investing in young people. The principles underlying the youth policy include equity and accessibility and gender inclusiveness.

Very specific to VAW is the National Referral Pathway for Prevention and Response to Gender Based Violence Cases in Uganda 2013 and the Ministry of Education and Sports (MoES) 'Gender in Education Sector Policy 2009 which requires that the school environment is gender responsive and conducive for learning for both sexes. In its National Strategy on Girls' Education, the MoES admits that "girls are at risk of sexual abuse—rape, defilement and enticement—by males of all kinds such as teachers, including head teachers." In addition, the Ministry of Education and Sports has promulgated guidelines directed at protecting students from violence in schools, the Reporting, Tracking, Referral and Response (RTRR) Guidelines on Violence Against Children in Schools, 2014. The National Policy Guidelines and Service Standards for Reproductive Health Services also clearly stipulates the range of services that should be offered to survivors of GBV. For increased utilization and the detection and management of the cases, the health facilities need to implement and adhere to standards to ensure quality of care for VAW survivors and for the management of the different forms of VAW.

It is important to note that despite the impressive record of policies relevant to gender and GBV, this is not correspondent with levels of implementation. For instance, there is minimal mainstreaming of the GBV policy strategies into development plans of the different duty bearers. This has greatly impacted on the implementation of DV Act 2010. Also, the Youth Policy has gaps. Youth and gender activities are usually undertaken based on donor priorities rather than on a budget items planned within the national framework and sector plans. At the same time, the line ministries have not supported relevant departments to roll out the policies and laws. Specifically, the GBV policy guidelines have not been disseminated to all the relevant stakeholders including the police and health workers thereby hampering national efforts towards curbing the practice.

### **Key Findings on Legal framework**

Uganda has a commendable legal and policy framework on VAW. However, challenges exist with implementation of legislation in order for survivors to access services and justice.

There is limited knowledge about the different laws and policies among duty bearers and rights holders. For example, awareness of the Domestic Violence Act ranged from 18% among health workers to 43% among the police.

The burden of raising legal awareness among communities falls mainly on CSOs. However, challenges exist in the scope of community sensitization thereby limiting it to project areas and not entire country.

## 2.2 Young Women's Experiences of VAW in Universities

Increased female education and employment accounts for some 0.4 to 0.6 % of a country's global competitiveness (UNDP, 2015). At the university level, there has been an increase in girls' enrollment partly due to the affirmative action scheme of 1.5 additional points to girls in public universities in Uganda. This enrolment reached its peak in 2004 when female enrolment hit a 48% mark. However, government recognizes that VAW including sexual harassment, sexual abuse, early and forced marriage are some of the gender issues that negatively impact on the quality, participation and retention of girls in the education system from entry to tertiary level. (MoES, 2013)

A conceptual understanding of gender as being socially constructed is critical to examining young women's experiences of VAW in institutions of higher learning as a microcosm of young women's experiences in broader society. Social practices within social institutions such as families, schools and communities are all relevant to shaping gender and other identities (e.g. religious, ethnic, etc.). These institutions are structured by different power and authority structures that describe different roles or social positions and functions for different members. In families, for example, age confers differences in status, privileges, responsibilities and everyday activities. This operates in a similar way in schools and provides an important basis for teacher authority and relations both with and among students. With respect to gender, the prevailing power and authority structures are distributed and enacted through social hierarchies within institutions which in most cases are male-dominated. While there may be some established gender patterns or traditional positioning, there is a constant dynamic institutional process in which these have to be sustained, reaffirmed or resisted. It is within the everyday life of social institutions that we learn how to perform our gender identities and claim our gendered social positions. (Leach, F., Slade, E. and Dunne, M., 2013)

Within the education system including institutions of higher learning like universities, power may be exerted in a number of ways in forms of leadership, decision-making and rule-making. Expressions of male-domination may be manifest in multiple ways in different contexts and institutions and may be accomplished without resistance from women and other men who are subordinated. Forms of violence within schools and around schools (SRGBV) have a significant impact on educational participation and gender equality (Leach, F., Slade, E. and Dunne, M., 2013)

### Forms of VAW in universities

Findings from this baseline study indicate that the most common forms of VAW at universities sampled were; sexual harassment, intimate partner violence, rape, blackmail, emotional and psychological violence, violence using information and communication technologies particularly social media and mobile phones. This finding corresponds to a few studies that have been done on sexual violence in universities in Uganda which found that sexual harassment, rape, unsolicited physical contacts and unwanted kisses and assaults, and insecurity were common among undergraduate students.

In FGD interviews with young women in both Makerere and UCU Mukono, students shared various types of violence and other gender issues they experienced. Common gender based violence included stigma, intimate partner violence especially among dating couples, sexual harassment by male lecturers in exchange for marks, physical violence, and sexual assault.

“Many of us do not have the power to fight with the men so in case there is a conflict we simply keep quiet to avoid further violence” -Female student

Unwanted verbal comments and use of print media were also forms of violence experienced by the young women. For example writing scandalous articles about girls after break up of relationships, unwanted sexual remarks from boys e.g. as a girl passes a group of boys utterances such as “you’re so juicy”, or ‘you look good in that dress’ are common place in universities.

The young women and men in university interviewed in this baseline study felt the mushrooming of off-campus hostels has contributed to an increase in violence against young women. They felt that due to the fact that many of the hostels are privately owned, they are outside the control of formal university structures. In these hostels, wardens are less restrictive on admission of visitors of the opposite sex especially in girls’ hostels, or even on hours of admission, unlike university halls of residence, for instance, which do not admit visitors after midnight.

“Girls are vulnerable to robberies. The girls are raped, beaten, stabbed by the thugs while the boys may just be robbed. I’ve had of 1 or 2 cases of rape. But there must be more cases of rape but few report them. Rape cases are common especially for girls who move at night.”  
– Female FGD respondent.

### **Main perpetrators of VAW**

The various categories of persons as offenders were explored during the focus group discussions. The young women interviewed were asked to mention the offenders and in what spaces VAW occurs. According to respondents to this baseline study, main perpetrators of VAW include fellow students, lecturers, boda-boda riders, police, parents, and intimate partners within and outside the university.

“I have a friend whose dad beat her up and broke her tooth because she went out without permission” – Female FGD respondent

Bystander support and male engagement is also low. Cases are prevalent in the media, collaborated by FGD testimonies where young women at university have been sexually assaulted with little to no help from male students who have been witnesses/bystanders to these crimes as they occur.

### **Case Study from FGD female participant.**

“For a very long time, I feared men. This one day, my parents were out of town and I went out with ma friend. For my friend, she knew all the guys around and she disappeared with a guy and left me with another group. At some point, one of the guys took me into one of the Kyoto restaurant bathrooms and told me to enter there. At first I thought he wanted to pee. Until he started pushing me into the room. Next thing I knew, he was pushing me to the back of the bathroom. I started screaming. Thank God an askari heard me and came to the toilet. The boy denied it. And the askari left me. I started running and the boy followed me and throated me. My friends left me because they thought we wanted personal time. Since then even after I joined campus, I feared boys. It is only recently when I found a male friend who showed me a different side of boys, that not all boys are violent.”

### **Sites of VAW**

“I heard of a student couple where the girl would be beaten by their boyfriend. They rented a hostel room together. It is common for couples to co-habit.” – Female FGD respondent

The places where VAW/GBV happens at the universities include: hostels, especially when one visits a boy’s room for discussions, on social media platforms which is used to harass girls e.g. boys posting nude pictures of girls after break ups and in the Makerere University Campus Bee (university magazine) which used to write very slanderous articles about relationship break ups. Violence also happens during the fresher’s orientation week when new students are often harassed and forced to open their doors and remove their beddings by fellow students. Lecture rooms were also mentioned as a space where violence is experienced such as boys talking down the girls which affects their full participation and performance in lectures. This kind of behavior has contributed to fewer young women engaging in leadership roles as a result of low self-esteem.

University trails to halls of residence or lecture rooms are equally avenues of violence especially after dark. This is further compounded by poor street lighting which increases incidences of VAW as one student denoted: *“If girls find a group of boys in the evenings they are forced to hug them in order to be allowed to pass and continue with their journey to their halls”*.

In addition to the above, internship placements are one of the spaces where young women face violence. Many young women did not feel empowered enough to deal with challenges that come with internship placements. This usually affects their performance during internships, and they may suffer from depression, anxiety, guilt, loss of respect and dignity. Sexual harassment in work places is usually swept under the carpet and remains a serious problem since the majority of survivors do not report the incidents due to fear of losing internship placements or future employment prospects.

“In the internship places we go to during holidays, the male bosses or staff members tend to use you. If you want to stay in this job, you have to sleep with the boss. Most males see women as sex objects” – Female FGD respondent

Finally, the young women rarely know how to identify GBV, the laws against it and where they can seek redress in case of abuse.

## **Services available to young women in universities**

### **University policies**

In the 4 universities sampled in this baseline study (Makerere University, Uganda Christian University Mukono, Gulu University and All Saints University in Lira), half (50%) had approved Sexual Harassment Policies. These were Makerere and Gulu Universities. Surprisingly more than half of these universities (75%) had passed a decent dress code as part of their Student Code of Conduct. This underlies the perpetuation of negative social norms that inhibit women's sexual autonomy and those that encourage 'victim-blaming' i.e. it is the fault of the VAW survivor that she was raped due to the dress she wore or the way she walked, etc. These 'indecent or decent dress codes' fail to understand that VAW is due to unequal power relations between mainly men and women and in a few cases, the reverse. This further plays to the notion of masculinity as 'uncontrollable sexual desire' and female sexuality as one that should be 'demure' and covered up.

Makerere University has a sexual harassment policy for which the Gender Directorate provides oversight. The policy is intended to address acts and practices related to sexual harassment at all levels within the structures of the University. In this regard, anti-sexual harassment committees have been established right from the Senate to all departments at the university to regularly educate staff and students about sexual harassment and to arbitrate cases. In fact, some of these anti-sexual harassment committees have begun implementing the Sexual Harassment policy as evidenced by the recent dismissal of a lecturer from the Institute of Psychology after he was found guilty of harassing his female students. This intervention is a positive step, considering reports in both media and research that have confirmed the high levels of sexual harassment especially against female students. In fact a 2016 study of the prevalence of sexual harassment established that 49% of the students undergoing medical training in Uganda have experienced sexual harassment (Nyeko J, 2016).

Students at Makerere University have also formed an Anti-Sexual Harassment body to fight against sexual harassment among staff and students. This was formed during the Students' Sensitization and Feedback workshop on the Makerere University Policy and Regulations against Sexual Harassment held in April 2016. This was an initiative of the Gender and Mainstreaming Directorate. This body, code named 'Team No Sexual Harassment' is a proactive platform for students to actively engage in creating awareness, sensitizing fellow students on the policy and regulations on sexual harassment. Students are divided into Anti-Sexual Committees and they participate in outreach programmes to sensitize fellow students on the anti-sexual harassment policy.

In the case of Gulu University, the university's gender focal person and Director Institute of Research and Graduate studies oversees the implementation of the university's Gender Based Violence policy which was only launched in June 2017. The policy addresses cases of GBV prevention and response mechanisms for staff and students of the university. It is hoped that with the policy in place, a lot more can be achieved in addressing GBV within the university.

“Cases of GBV have been prevalent at the University but with no policy to address them” - Dr. Oryema, Director, Institute of Research and Graduate Studies at Gulu University.

UCU Mukono on the other hand has a Whistle blowers Policy that students can use to report staff abuses. They also have a Student Code of Conduct handbook which is distributed to all students in their first year of university. UCU also has a course module on GBV which aims to raise awareness and knowledge on the issue among the students.

However, a key challenge facing implementation of the sexual harassment policies is evidence collection from complainants and witnesses; as well as the systematic collection of data with regard to VAW prevalence in the universities, cases reported, cases reviewed, judgements made, convictions and so on.

“The Anti-Sexual Harassment Committees face a challenge of bringing the harassers to book due to lack of evidence and unwillingness of some people to appear as witnesses. Justice delayed is justice denied. Timely decisions are very crucial. Therefore students should always report cases of sexual harassment to the concerned individuals in time. They should avoid anonymous complaints because those result into weak or non-existing cases.” **Prof. Sylvia Tamale, School of Law, Makerere University**

“The problem is that these students don’t want to report. Let them come to us because we are dismissing everybody proven guilty. It should be noted that a number of such suspects have been set free which police has attributed to lack of sufficient evidence. An example is a recent case where one of the students was forced to jump from the third floor of Mitchell Hall after she was reportedly about to be raped. Police revealed that the suspect involved was to be released few days after due to lack of enough evidence.

**Prof. Barbanas Nawangwe, Vice Chancellor, Makerere University**

A mechanism needs to be put in place within universities to collect GBV data which can feed into the national GBV database hosted by MGLSD. This practice would borrow a leaf from the United States where Congress passed legislation that requires higher educational institutions to address the rights of victims of sexual victimization and to collect and publish additional crime statistics (Fisher et al., 2000:1).

## **Medical services**

There are some interventions that exist to address GBV within university settings. For instance, Makerere University has a university hospital that provides medical attention to cases of violence resulting in bodily harm. Similarly, the university hosts a Counselling and Guidance Centre which provides assistance to students suffering from medical and psychiatric problems as well as sexually related problems. The centre has 3 full time professional staff and two support staff and it offers free services.

Organizations like MEMPROW host dialogues within universities of Kyambogo, KIU and Makerere. During these dialogues, counseling services and referrals can be made to either university hospital or surrounding health facilities. Through the Human Rights Justice Project, they are able to support survivors with court fees, provide counseling services and negotiate with local leaders in rural settings in ensuring that case management is not compromised. Through this project, the organisation has recognized that needs and vulnerabilities are still very high and the girls do not know their entitlements

University Health Weeks and Relationship Talks hosted by UCU were seen as good VAW prevention strategies and opportunities for information sharing. While at Makerere University, the Public Interest Law Clinic (PILAC) at the School of Law holds public lectures and community outreaches on issues of sexual violence.

Gulu Regional Hospital is one of the centers that handles GBV cases for Gulu University. The referrals are handled by the Head of Community Health at the regional hospital. During the key informant interviews, he indicated that defilement ranks highest among cases of GBV reported at the hospital however that does not mean there are no other forms of GBV. He also indicated the defilement cases were much easier to record and these were well documented. However he was quick to add that there was poor documentation of other cases of GBV, including poor follow up of the clients due to limited funding and inadequate staff. The fear of going to court was another challenge faced by the health workers and since the service providers do not want to court, they always shy away from documenting or signing police forms as they may be called upon as witnesses.

The National Policy Guidelines and Service Standards for Reproductive Health Services clearly stipulates the range of services that should be offered to survivors of GBV. For increased utilization and the detection and management of the cases, the health facilities need to implement and adhere to standards to ensure quality of care for VAW survivors and for the management of the different forms of VAW. This includes professional counselling, provision of PEP, and STD/HIV testing and treatment. In Gulu University for example, integration of VAW with sexual and reproductive health services is being implemented through various partnerships with CSOs. The university has also embarked on enacting an HIV policy. With the HIV policy in place, the university administration will be able to reduce discrimination of HIV positive students, handle recruitment of persons living with HIV, and manage stigma within the institution. The draft HIV policy has been submitted to the University Council for approval.

Challenges that exist with regard to access to medical services for VAW survivors include limited knowledge among students on available sexual and reproductive health services in and around their universities. Both female and male students interviewed knew of Marie Stopes Uganda as the only SRH provider. Additionally, apart from Gulu University that has a clear referral path way for GBV services with Lacor and Gulu Referral Hospital, Makerere and Mukono UCU have no clear referral pathway to increasing access to SRHR services by VAW survivors. Students also hinted that the University hospitals and health centers have

not been sufficiently equipped with medication, open late and often have no medical staff in attendance, thus restricting access to health care for GBV survivors. Sometimes when girls visit the clinic they suffer stigma and are asked embarrassing questions by the medical staff. This deters many students from accessing the services which they feel are judgemental, not youth friendly or gender sensitive.

### **Legal services**

Reporting incidents of sexual violence is low which hinders GBV response. In their study, (Fisher et al., 2000:23) found few incidents but of sexual victimization were reported to law enforcement officials. They traced fewer than 5% of completed and attempted rapes were reported to law enforcement officials. In about two-thirds of the rape incidents, the victim did tell another person about the incidents but not law enforcement. Most often this person was a friend, not a family member or college official as also argued by (Hossain et al., 2014), (University of Oslo; 2016).

The universities visited in this baseline study did have police units and indeed the baseline study team established that there is a lot that the police department has done including establishment of a child and family protection unit, trainings on VAW, management of cases as well as documentation of the cases for use in courts. Whenever there is a reported case police try to investigate these cases but are often frustrated by lack of transport, lack of personnel, lack of basic stationery, and uncooperative witnesses.

Although police have long established family and child protection units, 90% of young women interviewed in the FGD discussions did not find police helpful.

“People do not trust the police...I approached the police to deal with a theft that occurred but the policeman kept asking me to allow him to take me to lunch. When I refused, he stopped following up on my case.” – **FGD respondent**

From the field interviews and Focus Group Discussions, some of the challenges cited in reporting, investigating and prosecuting GBV cases include: harassment of the victim during the process of reporting, bribery and corruption, suspects being released before investigations are complete, and stigmatization of the victim. Girls fear that if they report cases of rape, sexual harassment they may lose their relationship or their parents may get wind of it and at times fear of being shunned, and separated from their boyfriend keeps them silent.

More is needed to be done especially in empowering students to protect themselves as well as to report incidences of violence. It is by dealing with the confidence and trust of the public that reporting can increase in order to bring the perpetrators to justice and deter scores of sexual violent incidents at campuses (University of Oslo; 2016).

### **Young Women’s Coping Mechanisms and safe spaces**

Besides seeking and using the university mechanisms that are in place, the young women have their own response mechanisms to violence including; joining Christian fellowships, seeking counsel, sharing with friends and sharing with friendly lecturers.

Some individual lecturers at UCU, Mukono and Makerere universities were identified as approachable and having an open door policy towards students who want to share challenges

that they face including sexual harassment or drug or alcohol abuse. These were considered student allies.

In UCU, a few Guild leaders, Hall wardens as well as Save the Mothers organization were viewed as helpful support networks for young women, particularly VAW survivors.

“In the Chaplaincy department, the Chaplain is female and has helped a lot of female victims. The university should talk to the lecturers to have better relationships with the students so that students feel free to approach them with issues” – Female FGD respondent.

Other students however who cannot openly share their experiences or cannot access a safe space for fear of discrimination, retribution and stigmatization resort to dealing with VAW consequences on their own e.g. by self-medicating on abortion (Pills) in case of rape. As one student said: “There is always someone on campus who knows where pills can be got”.

“If they know a friend who has gone through the same thing, they look for comfort in them. You look for support from anyone who shows you affection.” – Female FGD respondent.

### **Key Findings on services available to young women in universities**

Most common forms of VAW at universities sampled were; sexual harassment including sex for academic marks, intimate partner violence, rape, blackmail, emotional and psychological violence, violence using information and communication technologies particularly social media and mobile phones.

Limited quantitative data on VAW prevalence in universities. One study undertaken in medical school found 49% of the students undergoing medical training in universities have experienced sexual harassment.

Sexual Harassment policies exist in some universities. 50% of universities sampled in this baseline study had sexual harassment policies. However, more universities need to be supported to develop sexual harassment policies.

Implementation of the sexual harassment policies has challenges including low awareness among students, lack of trust in the sanction mechanisms, low reporting rates, as well as limited collection of VAW data including VAW prevalence, forms, perpetrators, etc.

Few safe spaces exist for young VAW survivors in universities

Young women have been forced to develop alternative coping mechanisms with respect of VAW particularly their friends, peers and trusted authority figures. These can be opportunities for future interventions

Services are available to address VAW. They are offered by the universities, by institutions around the university and external partners. However, there are still very few organisations working on long-term comprehensive VAW prevention and response programmes with universities.

Male engagement to address VAW is low. More interventions with both male students and lecturers are needed to expand cohort of male allies/supporters in the fight against VAW

Health centres and police within and around universities provide medical, counseling and legal services. However, there are challenges with unclear referral systems among service providers, lack of trust by students. Additionally, services are viewed as not youth-friendly, rights-based or gender sensitive, and there is limited integration of VAW, SRHR and legal services available for students.

VAW affects young women's leadership potential, and the country's goals of gender equality and girl education. Young women's leadership capacity building programmes are needed.

### **2.3 Young Women's Leadership and Organising**

The presence of a network of young female leaders, and a safe space that they regularly occupy, implicitly and explicitly challenges the power structure within a community and lends a strong female voice to decision-making structures in the community. Girls with leadership potential are an extremely valuable resource for the poorest communities because they have the potential to serve as leaders and mentors for other girls. The benefit of building girls' leadership abilities in these communities is three-fold. It provides heroes and role models for young girls, empowers and strengthens older girls, and challenges outmoded community norms. Creating leadership opportunities for girls and young women has the power to alter the positions of girls and women in the community and empower them to claim their rights.

Over 70% of the FGD respondents felt that there were few well-organized spaces where young women could support each other with the right information about how to prevent and respond to VAW. There is perception that women don't support their own, especially when it comes to women in leadership. This has negatively affected collective action and organizing on VAW prevention and response by girls and young women at university level.

In the four universities visited during FDGs, the young women and some of the key informant interviewed indicated that young women at university feel disempowered with respect to taking up leadership positions. For example, few women campaign for campus Guild leadership. In 2014 -2015 Guild leadership, there were only 5 women in the guild cabinet with no representation at the ministerial posts. The women also do not actively participate in the games union (sports). However more women are found in lower cadre leadership positions like faculty representation.

There are CSOs that run empowerment programs to address leadership gaps. One such organization is MEMPROW which encompasses four types of activities related to young women: promotion of gender equality, empowerment of young women through mentorship

and training, economic empowerment and self-discovery. MEMPROW targets young women through mentorship dialogues within universities of Kyambogo, KIU and Makerere.

Forum for Women in Democracy (FOWODE) empowers young women through Alternative and Transformational Leadership Training (mentoring camps). The 10-day residential camp targets young women leaders, former parliamentary aspirants, young professionals, entrepreneurs, leaders, organizations and those that have just completed their academic studies at university or tertiary institutions. FOWODE works to build the leadership capacities of young women to enable them effectively participate in the decision-making processes and ensure qualitative change in the agendas of the National and Local Legislators. The program that started in 2014 has seen 566 women trained in leadership as of July 2017. According to FOWODE, this training has had several impacts including supporting women rising to leadership position at universities, women vying for parliamentary and local council positions. This forum has also led to the formation of an Alumni Network that influences policies and ensures leadership values such as good governance, youth empowerment are practiced.

There are very few reputable organisations led by young people. One such organization is Uganda Youth Network which has runs a Leadership Academy. It is the leading national youth organization that works to mainstream young peoples' engagement in development and governance processes in Uganda and East Africa. UYONET was started in 2002 to respond to the increasing demand for a collective platform for research, training and policy advocacy for young people by young people and to date has a membership of over 47 youth organizations. Its board and management are all young people, majority of who currently are young women.

Another is Gal Forum International which supports young women with balancing family and career. Gal Forum provides counseling and legal services to VAW survivors. The skills of young women are harnessed through mentorships and leadership training programs.

Other active partners in this field include Akina Mama wa Afrika (AMwA) whose flagship leadership programme, African Women's Leadership Institute (AWLI) established in the 1990s has trained over 3000 young women in feminist transformational leadership. CEDA International which works to strengthen women's civic participation and leadership; and Gulu Women Economic Development and Globalization (GWED-G), a grassroots women's organization based in Northern Uganda.

Organisations like Federation of Uganda Employers (FUE) have programs that target women in formal employment. The federation manages a fully-fledged training and mentoring programme for women in business in order to strengthen their capacity to take up management positions. This program also aims at promoting women to top decision-making positions in the corporate world through training and by providing a forum for women in management and leadership positions to interact and exchange ideas. The training touches on issues such as leadership development, communication skills as well as Board competences.

Some of these civil society organizations do not only focus on building leadership of young women and girls but also focus on building the capacity of communities and young women to prevent and respond to Violence against Women and Girls. For Example, GWED – G has trained over 500 women and 700 men groups in Acholi sub region to prevent and respond to cases of GBV in their communities. These groups have been empowered through

Village Saving and Loan Associations (VSLA) that has seen women's economic capacity enhanced. Through these groups value addition such as providing farm tools and linking them to markets and financial institutions has been realized. Leadership and VAW related issues have been mainstreamed within the VSLA meetings. There has been increased awareness and referral for services of GBV survivors within the community.

Furthermore, GWED- G is a representative lead agency for training partners with the districts and local partners including the Uganda Women's Network (UWONET) in prevention and response to GBV.

*Ms. Pamela Judith Angwech, Executive Director of GWED-G was awarded the EU Human rights defenders award in 2017 for her unwavering effort to address gender inequality and SGBV in Northern Uganda. As the Executive Director of UWONET noted after the award: "It is with great pleasure and excitement to announce that our very own sister in the women's movement Pamela Angwech is the winner of the 2017 EU Human Rights Defenders Award". The award is annual event presented to raise awareness on the work on Human Rights Defenders in Uganda and also recognizes and honors the achievements of an individual Human Rights Defender active in Uganda who has made outstanding contribution to the promotion of and protection of human rights.*

Although there are a number of organizations working with women to build their leadership capacities, these opportunities are available to fewer young women with a bigger focus on political decision-making and school based programs targeting primary and secondary schools, and less focus on higher institution of learning. A few women's organisations like ACFODE, CEDOVIP and UWONET have begun programmes with select universities mainly around Kampala. Although their programmes do not explicitly cover VAW, they include life skills training.

Therefore nurturing leadership in higher institution of learning needs to happen beyond the orientation weeks when talks about leadership are conducted. This however, has not been easy as there are limited spaces for young women in these universities to discuss openly about leadership and no standardized curriculum at universities for use in training young women on leadership.

"We have had to organize through faculties, churches targeting girls but turn up is usually low. Such meetings are organized by the leadership of faculties, or churches as there is no structured way of doing it" - **Rehema Kasule, President, CEDA International Uganda.**

### **Key findings on young women's leadership**

Young women do not yet feel empowered to fight for their rights, particularly around VAW in universities

There are still few women in university student leadership structures.

There are organisations that conduct leadership capacity building programmes for young women generally. However, only a few CSOs are conducting leadership programmes at university level, and even less with a specific interest in VAW.

Few young women-led organisations at national level. Few youth led organisations focusing on VAW. This limits collective organizing and action on VAW by young women.

Both young female students and young women in academia are potential beneficiaries of capacity building on VAW, leadership and mentorship.

## 2.4 Locating Young Women within the Broader VAW movement in Uganda

### Government Initiatives on VAW

With regard to the nature of organisations supporting GBV, there is a wide range of government entities leading GBV interventions, including ministries and justice institutions. The Ministry of Gender Labour and Social Development (MoGLSD) which is the leading government ministry with an agenda on gender related matters has developed a National Gender Based Violence Database (NGBVD) which is a Government of Uganda initiative that enables actors in Uganda who are responding to GBV to safely collect, store and generate analyzed reports in real time.” The NGBVD is an E-Government online Management Information System designed to collect, store and analyze GBV data in both humanitarian and non-humanitarian settings. The database is based on a collaborative, multi-functional, inter-agency and community based approach. The NGBVD also serves as a tool for monitoring and evaluating GBV interventions that involve compiling and monitoring reported GBV incidents. The underlying rationale for the NGBVD effort is to encourage survivors to report GBV incidents. The information from the NGBVD is organized in such a way that GBV trends are generated across the country. It is intended that subsequent GBV planning in the country will be based on such information and strategies will be designed to redress any identified inequalities.

However, by the time of this Baseline study, the NGBVD was only partly functional. There was very limited information available outside of government sources. For instance, statistics of GBV in universities were not available on the database.

With regard to the legal framework, the government has enacted good policies and laws related to GBV as indicated in the earlier section of this Baseline study. It has also implemented GBV projects in partnership with CSOs. An example of one such programme is the joint programme to address GBV in Busoga region between 2010-2015. The joint programme (JP) was implemented by Ministry of Gender, Labor and Social Development (MGLSD), Irish Aid, Uganda Women’s Network (UWONET), Centre for Domestic Violence Prevention (CEDOVIP) and Mystic Multimedia in collaboration with local governments.

As part of the programme, GBV advisory centers were set up in 2 districts and 2 GBV shelters were built to provide temporary shelter for survivors. Over 5,000 survivors accessed services from the shelters and advisory centres. CEDOVIP took the lead in mobilizing communities with a focus on strengthening male involvement as agents of change in violence prevention using the SASA! Model. Community Activists (CAs) attained knowledge in the application of the model and they contributed in expanding GBV awareness among men,

particularly in encouraging their peers to use peaceful means of resolving domestic conflict. Women were empowered to negotiate and participate in decision making at household level. Evaluation of the programme found that it significantly contributed to breaking the silence on GBV in Busoga based on increased reporting of GBV and activism of community members. However, according to key informants interviewed, young women were not planned for as an explicit target group in the joint programme. The MGLSD also acknowledged that young women groups and networks were not actively engaged in the development of key policies such as the National Policy on Elimination of GBV in Uganda.

Another initiative of benefit to women is the Uganda Women's Entrepreneurship Programme (UWEP) that was launched in 2016 under the Ministry of Gender, Labour and Social Development. Funding under the scheme is only available to women groups comprised of members within the age brackets of 18-65 years and in nineteen districts, including Bundibugyo, Kalangala, Kamuli, Kaliro, Katakwi, Kayunga, Kibale, Kiruhura, Kisoro and Kitgum would benefit first. Others are Koboko, Kole, Mayuge, Moroto, Nakasongola, Nebbi, Ntungamo, Otuke and Wakiso. Distribution of funds is meant to be based on population of women, poverty levels and land area. Whereas this initiative is not tagged directly to GBV, it aims to boost women's economic empowerment which is one aspect through which to address VAW. However, as a result of the massive reduction in what had been expected to go towards UWEP, it is a very small percentage of women from the planned pilot area that have so far accessed funding, and of that group, even fewer young women.

The Government of Uganda acknowledges that the country has one of the highest youth populations in the world. However, many of the respondents interviewed felt that a major weakness of current government youth interventions is to throw money at the youth problem with initiatives like the Youth Fund, Entrepreneurship Fund, Women Fund. While these efforts are laudable, there is a missed opportunity for not approaching these programmes to empower youth holistically as leaders, citizens, and entrepreneurs. These programmes could be broadened to include skills building like life skills, empowerment, self-confidence, gender, VAW, SRHR, human development, human rights, responsibilities as a citizen, etc.

## **Development Partner Initiatives**

GBV work in Uganda has benefited from support and partnership of other stakeholders especially development partners, including both country development agencies and international organisations. There is a cross section of actors supporting GBV, a few to note include the following:

- ② A 2015 collaboration with DFID to prevent sexual violence in conflict. The collaboration was in the form of a training course for army and police officers, on sexual and gender based violence in peacekeeping operations.
- ② The GOU-UNFPA eighth country programme 2016 – 2020. This programme among others contributes to advancement of gender equality and women's empowerment with focus on strengthening national and sub-national capacity for the protection and advancement of reproductive rights, and delivery of multi-sectoral GBV prevention and response services. The programme is a follow-up from the seventh country programme between the two entities which was aimed at strengthening the capacity of public and civil society actors to prevent and manage GBV and advancement of reproductive rights. This programme was directly implemented by the Department of Gender and Women Affairs of

MoGLSD together with the District Community Based Services in the districts of: Gulu, Pader, Amuru, Amuria, Kitgum, Dokolo, Lira, Kapchorwa, Kween and Bukwo.

- ② The Irish Aid supported a joint programme with MGLSD in Busoga region between 2010-2015 whose major objective was to strengthen coordination among key actors at national and local government level for effective prevention and response to GBV and build capacity of duty bearers in local governments in Busoga sub region to prevent and respond to GBV.
- ② UNIFEM in collaboration with CSOs in the region has previously supported a joint programme for accelerated abandonment of Female Genital Mutilation (FGM) in Karamoja region in the districts of; Amudat, Moroto, and Nakapirit.

In general, there is no lack of external partners supporting GBV work in Uganda. However, it is worth mentioning that most of this support is uncoordinated as most development partners follow different country interests and geographical focus across the country. Long term interventions are needed for impact of community mobilization and engagement to be felt in VAW prevention and response. Interventions at both individual and community level require sustained engagement and follow up over specific intervals in order for positive impact on reducing VAW to be seen.

There is also limited funding for specific focus on young women and VAW. CSOs have criticized development funding on VAW for the tendency to support few of the same organisations. This leaves a smaller resource envelope for the rest of the CSOs which would be much better utilized if there was more coordination among them. Many of the women's organisations interviewed who work on VAW do not have strong links with young women's organisations or peer groups who work on the issue.

### **CSO-led programmes**

The advances in the prevention and response to VAW in Uganda has been in large part due to the dedication and ingeniousness of the women's movement in the country over the past decades. Their work has led to positive legal reform, restructuring of state institutions including police, health sector, local government, judiciary and parliament to be more responsive to VAW through a multi-sectoral approach.

CSOs work to address VAW as individual organisations, in partnership with one or two organisations, or as part of larger coalitions. A number of coalitions exist that work to address the issue at local and national level. The overall purpose of the coalitions is to strengthen coordination, sharing of knowledge, resources and joint advocacy. Community mobilization and engagement is a strategy used by many coalitions to raise awareness particularly through communication and media. Some of these coalitions include the following:

- Domestic Violence Coalition hosted by CEDOVIP with over 25 members
- Women and ICT coalition hosted by WOUGNET
- GBV Consortium in Busoga (UWONET, CEDOVIP, Catholic Secretariat, Inter-religious council of Uganda)
- District Women Networks mentored by UWONET. Currently there are between 20 – 30 District women networks.
- GBV Shelter coalition – loose coalition coordinated by UWONET with organisations that provide shelter services to VAW survivors. Meetings are held twice a year to share best practices, challenges, and a space for resource-mobilisation.
- Sexual Offences Bill Coalition hosted by ACFODE

Various programmes and strategies are used by CSOs to prevent and respond to VAW. These include local and national level advocacy, community mobilization, community sensitisation, training of community members and duty bearers, service provision, referrals, as well as communication strategies.

### **Case Study: SASA! Approach to Community Mobilisation**

The SASA! Activist Kit (Michau et al. 2008) is a tried and tested community mobilization approach for preventing violence against women and HIV. It is designed for catalyzing community-led change of norms and behaviors that perpetuate gender inequality, violence and increased HIV vulnerability for women. SASA! was designed by Raising Voices and implemented in Kampala by the Centre for Domestic Violence Prevention (CEDOVIP). It is now utilized by organizations in over 25 countries, SASA! is based on an analysis of how gender-related power imbalances are the root cause of violence against women. With this perspective, it outlines a gradual process that supports people and institutions in using their power positively to reflect on, affect and sustain change at individual and community levels.

SASA! means 'now' in Kiswahili. It is also an acronym for the four phases of the approach: Start, Awareness, Support, Action. SASA! is based on clear theoretical foundations, namely "Stages of Change Model", "Ecological Model", and "Gender Power Analysis".

### **How SASA! Works**

In the Start phase, an organization using SASA! begins by orienting staff to the approach and to the key concepts of power. They then select an equal number of female and male community activists (CAs) interested in issues of violence, power and rights. They similarly select institutional activists such as police, health care, local government and faith-based groups. All activists are introduced to the new ways of thinking about power and power imbalances in their own lives and within the community, and they too are mentored in the SASA! approach. With the support of program staff, the SASA! activists then take the lead as the approach moves forward into the Awareness, Support and Action phases. In these phases, the activists lead informal activities within their own existing social networks - fostering open discussions, critical thinking and supportive person-to-person and public activism among their families, friends, neighbors and colleagues. Together, they introduce the community and its institutions to the new concepts of power, encouraging an analysis of power imbalances through four strategies: Local Activism, Media and Advocacy, Communication Materials, and Training. The combination of these strategies ensures that community members are exposed to SASA! ideas repeatedly and in diverse ways within the course of their daily lives, from people they know and trust as well as from more formal sources within the community. Each phase builds on the others and addresses a different concept of power, with an increasing number of individuals and groups involved, fostering a critical mass committed and able to create social norm change (Raising Voices, 2015).

### **Impact Study – value of investing in community social norm change**

To assess community-level impact on preventing VAW and HIV, Raising Voices and CEDOVIP carried out a SASA! Study from 2007 - 2012. The SASA! study highlights the value of investing in community-level social norm change interventions by engaging both women and men to reevaluate the imbalances of power that lead to intimate partner violence against women and HIV risk. The rigorous impact evaluation study found that after three

years of SASA! programming, levels of IPV were lower in intervention communities than in control communities. Women in intervention communities were about half as likely to report experiencing IPV, and also less likely to report experiences of sexual IPV. SASA! Is one of the few scientific studies done in Uganda to measure impact of VAW interventions.

Interviews with respondents revealed that young women activists as well as young women-led organisations are not well represented in these coalitions or partnerships. Few young women activists as well as young women organisations and peer networks are active in policy making platforms at local and national level. Finally, respondents felt that there is a gap in grounding in the feminist approach to VAW among most organisations working with young women specifically and young people in general.

### **Community Responses to VAW**

A Culture of silence still exists at the community and social level when it comes to violence against women. 90% of respondents felt that there is a high tolerance and social acceptance of VAW by the public. In an evaluation of a joint GBV programme in Busoga region by UWONET, MGLSD, CEDOVIP and Irish-Aid (UWONET, 2015), 59% of females and 52% of males said that a husband does not have a right to slap his wife if he is angry with her. This means that 48% of women and 41% of men believe that a husband has the right to slap his wife if he is angry with her; while 56.9% of women and 43.1% of men said that it is acceptable to beat his wife if she is unfaithful to him. Busoga is one of the regions with high prevalence of VAW according to the 2016 UDHS. Perceptions towards domestic violence such as those illustrated in the aforementioned evaluation report illustrate that there is still unacceptably high tolerance of VAW among communities in the country and the society in general.

The public does not fully understand the different forms of VAW and the underlying social norms that perpetuate VAW. This is played out particularly in universities and work places which make young women especially vulnerable to various forms of VAW. The NDP II acknowledges that lack of knowledge and awareness coupled with negative attitudes and perceptions, negative behaviours and mind set of communities continue to undermine efforts towards parental and community involvement in among other things, education of children, eradication of preventable diseases including HIV/AIDS and peaceful co-existence, including *gender based violence* (my emphasis).

“In Karamoja, Teso, Northern Uganda, cultural leaders only step up if VAW leads to a serious issue like murder or defilement. But they encourage settling the matter out of court for the other cases.” – **key informant interview**

VAW keeps changing and evolving into new forms. Patriarchy (the system of society where men dominate and have the power and women are largely excluded) as a system is ever-changing with time and space. VAW activists in Uganda have observed the changing face of VAW particularly in light of the enactment of laws such as the FGM law. Following the enactment of the FGM Act, communities are now sending their daughters to be circumcised across the border in Kenya or girls are being circumcised at an older age e.g. when they are getting married. Some community leaders also tip off the families in order for them to avoid

being arrested for the practice. FGM is now going underground and communities that practice it are finding new ways to keep under the radar of authorities and the law.

There is a large gap in community response to VAW specifically affecting young women. Most CSO, government, faith-based organisations and school-based initiatives have focused on VAW affecting girls (especially sexual abuse/defilement), adolescent girls and women. Young women (age 15 - 24) have fallen through the cracks when it comes to VAW prevention and response programmes. This is reflected in the country statistics that show young women are less likely to report VAW thereby conversely, less young women will seek help despite the fact that more young women are vulnerable to VAW, HIV/AIDS, teenage pregnancy, unsafe abortion, FGM and early marriage. Finally, many health facilities, police and local councils are not youth-friendly and yet research shows that they are the first points of contacts for women who report VAW.

### **Key Findings on broader VAW movement:**

Limited coordination among VAW actors. The result is replication, concentration of interventions in a few areas in the country; less leverage for big funding over long periods instead more short-term projects.

Young women (18 – 35) are not explicitly mentioned as a major target group, beneficiary or project implementer for many of the community programmes reviewed or VAW interventions broadly. VAW organisations focus on girls and women but not much focus on young women who are extremely vulnerable especially due to gender role expectations.

Narrow focus of government youth development programmes. There is a missed opportunity for not approaching these programmes to empower youth holistically as leaders, citizens, and entrepreneurs. These programmes could be broadened to include skills building like life skills, empowerment, self-confidence, gender, VAW, SRHR, human development, human rights, responsibilities as a citizen, etc.

Few young women activists as well as young women organisations and peer networks are active in VAW Coalitions or policy making platforms at local and national level.

Gap in grounding in feminist approach among most organisations working with young women and young people generally.

Because of limited understanding of vulnerabilities of young women, there are still little funds targeted at young women and need more long term programming funds.

A Culture of silence still exists at the community and social level when it comes to violence against women.

Lack of knowledge and awareness coupled with negative attitudes and perceptions, negative behaviours and mind set of communities continue to undermine efforts towards addressing VAW.

Many health facilities, police and local councils are not youth-friendly and yet research shows that they are the first points of contacts for women who report VAW.

There is a large gap in community member response to VAW specifically affecting young women. Most CSO, government, faith-based organisations and school-based initiatives have focused on VAW affecting girls (especially sexual abuse/defilement), adolescent girls and women. Young women (age 15 - 24) have fallen through the cracks when it comes to VAW prevention and response programmes.

### **3.0 Addressing VAW and its intersectionalities**

GBV interventions should be cognisant of intersectionality of vulnerabilities in young women. Not all young women are homogenous or face similar experiences. Disability, sexuality, rural-urban divide, class all intersect to give different faces of vulnerability that young women face in respect to violence against women. For example, the Uganda National Household Survey 2009/2010 indicated that Persons with Disabilities (PWDs) constituted 16 percent of Uganda's population (NDPII). Additionally, class and education pose social vulnerabilities given that three quarters of the working population in Uganda have either no formal education or only primary level education. AMwA's TuwezesheAkina Dada project should therefore seek to reflect, target and address young women in these different categories.

#### **VAW and SRHR**

Social and economic disparities between sexes translate into power relations at household levels which then impact on the decisions made on sexual and reproductive health issues. This often causes disadvantages to women who bear the bulk of the reproductive health burden. The ability of women to take charge of the reproductive health decision making is constrained by strong cultural and weak economic power which results into lack of information and freedom that would make them choose equally with men the ingredients of sexual and reproductive life. Therefore, defining and making clear the sexual and reproductive health and rights of all sexes, providing appropriate information on SRHRs as well as advocating for social change are key for positive behavioural change. (National Population Policy Action Plan (2011-2015)).

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.

Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and

responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence. ...full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. (ICPD)

Health organizations have an ethical obligation to do no harm when they address GBV. They must be able to ensure basic precautions to protect women's lives, health and well-being before they begin to address GBV systematically through the routine screening of patients. Some sources in the GBV literature recommend that certain prerequisites be in place in order to begin to screen women for GBV in health services. These prerequisites include well-functioning referral networks to legal and social services and to security systems in the community.

Comprehensive SRH services must be tailored to the needs of young women, based on recognition of the specific challenges that they face. Teenage pregnancy is the number one cause of mortality among girls aged 15-19 (MOH, 2008). High unmet need for family planning among married and sexually active young women 15-19 year old girls is 30.4% and among those aged 20-24 years it is 29.3% (UDHS 2016). Adolescent pregnancy contributes to 30 per cent of the primary school drop-out ratio (AODI/UNICEF study, 2011). Nearly a quarter (24%) of adolescents reported having been involved in exchange of sex for gifts, more common in females compared to males irrespective of schooling status (Risk Behavior study 2017).

Violence has major negative impacts on the health of adolescents and young women in Uganda. 46.3% of young people experienced GBV (i.e. 50% females and 42% males). 72% adolescents experienced violence with 60% physical, 9.6% sexual Violence and 41% was emotional violence (AYSRH, 2016). MOGLSD 2016 reported that 58% of girls 15-19 years old reported having experienced physical or sexual violence. Perpetrators of GBV may include family members, fathers, pastors, priests, relatives and neighbours.

Post violence care is part of the comprehensive package of adolescent health, but the provision of post exposure prophylaxis (PEP) for rape survivors remains inadequate. All young women experiencing GBV should be provided with timely and quality health care preventive, curative and rehabilitative services without discrimination. Young women seeking health services should be assessed for GBV and managed according to national GBV guidelines which among other things provides for psychosocial support and life skills to prevent and respond to GBV. Preventing violence among young women is the responsibility of all sectors of government and society. In order to be effective and sustainable, interventions to detect treat and reduce violence must be rooted in families, universities and communities.

## **VAW and Disabilities**

Uganda has made progress with regard to mainstreaming disability issues within laws and processes. First among this is the enactment of a legislation specific to disability, the Persons with Disabilities (PWD) Act of 2006 which defines disability as "a substantial functional limitation of daily life activities caused by physical, mental or sensory impairment and environmental barriers resulting in limited participation." (Art. 2). The enactment of this law preceded the country's ratification of the international human rights instrument on PWDs, the UN Convention on the Rights of Persons with Disabilities (CRPD) which came two years later in 2008. Nationwide surveys have indicated that at least 4 out of every 25 persons, or

16 per cent of the population, have disabilities (Population and Housing Census, 2002). Applying this estimate to Uganda's population (approximately 30 million as at the present time) indicates that there may be some 5 million people with disabilities in the country.

The rights of PWDs are stipulated in the country's constitution. The preamble sets the recognition of the dignity of persons with disabilities as one of the social and economic objectives of the constitution and discrimination against them is profoundly prohibited. In fact, as stated in article 35, the State is required to take affirmative action in favour of groups marginalized on the basis of disability.

Despite the strong legislative framework on disability, PWDs still face challenges as compared to other sections of the population. 1 in 7 women and girls are disabled and they are twice as likely to experience sexual abuse, neglect, maltreatment and exploitation both within and outside the home than their non-disabled peers. Disabled women and girls are particularly vulnerable to sexual violence and abuse as a result of their extreme marginalisation, social isolation, and dependence. This is compounded by common assumptions such as that they are non-sexual or unable to conceive, which may lead to their exclusion from protection, information and services (Human Rights Watch).

Disabled women and girls are disempowered as a result of multiple and intersecting forms of disadvantages. Women with disabilities also experience forms of abuse that women without disabilities do not. Violence against women and girls with disabilities is not just a subset of gender-based violence - it is an intersectional category dealing with gender-based and disability-based violence. The confluence of these two factors results in an extremely high risk of violence against women with disabilities.

The UN Declaration on the Elimination of Violence Against Women notes that VAWG is a manifestation of historically unequal power relations between men and women. A similar imbalance of power exists between disabled and non-disabled people and consequently, disabled women and girls are doubly disempowered. This fact leaves them isolated and excluded from participating in various mainstream settings (educational institutions, workplaces, social groups), where information and support services which aim to prevent GBV are channeled. At the same time, GBV can be a major cause of disability, or increased disability, among women and girls as a result of domestic

The challenges cited above are further compounded by the lack of disability disaggregated data. The data on Sexual health for YWDs is scattered and predominantly estimates. The national Human Development report 2015 makes no mention of the situation of people with disabilities. Similarly, the data captured by the recent population census of 2014 on disability is too general, and therefore is not detailed enough to sufficiently guide planning. As a result, disabled women and girls are largely invisible in current violence against women and girls (VAWG) analysis and programmes, which often fail to adequately recognise and tackle the multiple intersecting forms of discrimination faced by women, including disability, which intensify vulnerability to GBV.

The devaluation of disabled people in general and disabled women and girls in particular, leads to a lack of support for those who seek justice and support services. Police stations and health facilities are often physically inaccessible, while many disabled women and girls face financial and communication barriers when accessing these services. Police and other professionals often lack the awareness and skills needed to support disabled women and girls reporting abuse, and this is often compounded by an unwillingness to give credence or

weight to their testimony (particularly women and girls with learning difficulties). As a result, women with disabilities in general and young women PWDs in particular, face greater obstacles when reporting abuse and accessing services.

### **VAW and Sexual Minorities**

The conceptual developments around notions of sex and gender have led to the link and distinction between gender and sexual identities. This has direct implications for understanding the ways that the gender order of institutions operates. Idealised notions of female – male couples, family and lineage all project heterosexual relations as normative and assumed. Heterosexuality has a fundamental influence on sexual identities, that is, on femininities and masculinities to the point that gender and sexual identities are conflated. To be a man is to act out a heterosexual masculinity which in male dominated institutions and social relations includes the subordination of women. In most contexts this and other norms are highly regulated, formally through legislation and/or informally in social exclusion. (Leach, F., Slade, E. and Dunne, M. (2013).

The naturalisation and normalisation of gender relations and inequalities within institutions, wherever they are, works as social regulation. To behave in ways that do not conform to socially and culturally defined norms of gender and sexual identity is to risk retribution by formal and/or informal means. For example, homosexuality (and in some cases the ‘suspicion’ of it) may lead to name-calling, harassment or other informal exclusions from public places or social groups. (Leach, F., Slade, E. and Dunne, M., 2013)

Young women in the LGBTI community in Uganda face various forms of VAW. According to Freedom and Roam Uganda (FARUG), these include corrective rape, forced marriage, gang rape, harassment within sports, online bullying and sexual harassment. Despite facing high prevalence of VAW within the LGBTI community, few young women have access to information on VAW, legal provisions or where to seek specialized rights-based and non-discriminatory services. This finding is similar to other research of LGBTI community which has found that women who have sex with women and other women within the LGBTI community had scant access to credible HIV/AIDs, safe sex and SRHR information which resulted in dangerous misconceptions. (Muranda, Mugo, Antonites, 2014)

“Stigma and discrimination hinders information access by LGBTI people. It has affected people coming out and getting help. The blackmail from the people they are staying with hinders access to information. If you dare do anything, i’m going to tell everyone that you’re not a woman or a man.” – LGBTI Interviewee

LGBTI organisations like FARUG provide VAW response services to their members such as counselling and referral. However, there are gaps in their referral networks with established/mainstream providers as well as partnership with women’s organisations or other young women organisations. Similarly, their members require capacity building in young women’s mentorship, leadership, information on VAW and SRHR.

“We do not have any service to help victims who have gotten pregnant from rape but want to terminate the pregnancy” – LGBTI interviewee

## VAW and ICTS

An example of the evolving face of VAW is the growing intersection of VAW and ICT in Uganda. Information, Communication and Technology (ICT) is a site for increasing vulnerability for girls and young women in Uganda, especially with the growing use of social media platforms like Facebook, Whatsapp, Instagram and Twitter. This is what is termed as new ICT. By 2013, Uganda's mobile phone coverage was at 51.9%. Mobile phones and new ICT have the potential for both positive and negative impacts on young people.

A study on the intersection between VAW and ICT in Uganda found that women's right to privacy is being invaded through sms stalking, monitoring and control by their intimate partners. Men control women's use of mobile phones including when, how and where to use them, especially at universities where 'smart phones' are seen as status symbols by some young women who get them from 'sugar daddies' or their boyfriends. The study showed a link between mobile phones and increased domestic violence including murder. (Madanda, Ngolobe, Amuriat, 2009).

Old ICT like newspapers, magazines and television are also sites where VAW is experienced by young women, particularly through the unauthorised sharing of nude images or stories of young women's sex lives in media publications such as Red Pepper.

"There is this boy who has been on my case from first year. He always takes photos of me on his phone and sends them to my Whatsapp. He can't get the fact that I don't want a relationship. He comments on everything I wear. Often when in class he takes and sends me photos with messages ' I like you in that dress" - FGD female participant.

### Key Findings on VAW and Intersectionalities:

There is limited coordination across sectors. Although VAW is a human rights, public health and gender issue, very few interventions bring together various CSOs working across these sectors for joint programming or coordination. For example, there is limited coordination between SRHR CSOs and women's organisations, in the area of VAW and SRHR intersections, although SRHR CSOs have a long tradition of targeting young people in programming and have established youth networks.

There is no collective young women's movement. There is potential for these women to be part of the national feminist forum or within different organisations. Additionally, there is need to encourage young women to organize and address issues as a strong collective or movement.

More awareness is needed on VAW among young women with disability and young women in the LGBTI community.

Create space for young women to interact - bring young women from different constituencies together including LGBTI, PWDs, young women with influence on social media.

#### 4.0 Recommendations

In order to better program for VAW against young women, AMwA should as an institution do the following:

1. Enhance capacity of university administration and committees in charge of gender and sexual harassment to address VAW in universities. One way of doing this could be by revitalising Anti-Sexual Harassment Committees (e.g the Team No Sexual Harassment at Makerere University) or establishing gender mainstreaming student peer trainers' programmes so as to support the Anti-Sexual Harassment agenda University wide.
2. Identify and work with organisations engaging young women to include programs targeted at universities and integrate young women's leadership, mentorship and movement building (collective organising).
3. Target young women NGOs and youth organisations to mainstream VAW in their work as opposed to only targeting individuals. AMwA could come up with guidelines on mainstreaming VAW/GBV in these CSOs.
4. AMwA needs to open the debate on feminism in young women's organisations as a strategy of addressing the root causes of VAW using the AWLI model of feminist transformational leadership.
5. Develop mentorship, leadership and movement building guidelines that can be used as benchmarks for partner organisations working with young women
6. Consider developing joint VAW programme targeting young women at universities with willing CSOs working on VAW similar to Women's Democracy Group (WDG) model where the organisations cover 50 districts. This collaborative enables the CSOs to cover a bigger geographical area and tackle VAW more structurally and from a multi-sectoral stand-point.
7. Work creatively to target young women for example using debates, social media and non-traditional safe spaces like young women's retreats.
8. Strengthen data collection systems on all forms of violence against young women in universities. Data on violence in schools/institutions of learning should be regularly collected to enable actors develop evidence based prevention and response interventions. This data should be linked to the MGLSD GBV Database.
9. Collaborate with VAW Coalitions, government and development partner gender and GBV groups to increase membership of young women organisations and young women activists in order to increase number of young women engaging with policy makers on VAW prevention and response. This will encourage accountability of policy makers to young women's needs as well as enable young women to have their own voice in these spaces.
10. Collaborate with VAW coalitions to advocate for sexual harassment policy at Ministry of Education level that can be applicable to universities country-wide.

#### In collaboration with Others:

- Create partnerships with other intersecting sectors outside women's movement that work with young people and where young people are located e.g. SRHR movement,

LGBTI movement, child rights, entrepreneurship, ICT and social media activists. Use the partnerships to build organisational capacity to integrate a feminist approach to VAW and women's leadership.

- Join Coalitions on VAW to advocate for legislative Reform including enactment of the Sexual Offences Bill, Marriage and Divorce Bill, and Legal Aid Policy
- Work with other organisations already engaged in capacity building of duty bearers and service providers e.g. police, health centres, judiciary to integrate young women's experiences of VAW within GBV training in curriculum; as well as lobby for increased funding to implement laws addressing VAW
- Provide support towards emergency treatment including PEP and emergency contraceptives as well as psychosocial support for survivors of GBV within university settings.
- Engage men as allies in the fight against GBV.
- Work at all levels for an integrated VAW response i.e. community, school, work places, FBOs, parents.
- Create space for young women to interact - bring young women from different constituencies together including LGBTI and women with disabilities
- Consult with stakeholders the possibilities of establishing a national GBV Fund as a basket fund to provide a vehicle for long-term financing to address VAW.
- Advocate for a budget line for GBV response that can support a multi-sectoral approach to VAW prevention and response.