





VALIDATION WORKSHOPS REPORT

FOR THE GENDER BASED VIOLENCE AND VIOLENCE AGAINST CHILDREN BASELINE SURVEY

NERAMP LANGO CLUSTER



PROJECT NAME: NORTH EASTERN ROAD CORRIDOR ASSET MANAGEMENT PROJECT-LANGO CLUSTER

PROJECT TITLE: MANAGING AND MITIGATING SOCIAL RISKS (GENDER –BASED VOILENCE AND VOILENCE AGAINST CHILDREN) ALONG NORTH –EASTERN CORRIDOR AND ASSET MANAGEMENT PROJECT – LANGO CLUSTER.[-DOKOLO, LIRA, KOLE AND OYAM DISTRICTS].

REF NO: UNRA/SRVCS/2017-18/00095

March 2021

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ACRONMYS

CAO Chief Administrative Officer

CPO Child Protection Officer

CD Country Director

CDO Community Development Officer

CFPU Child and Family Protection Unit

DCDO District Community Development Office

DEO District Education Officer

DHO District Health Officer

DISO District Internal Security Officer

ESIA Environment and Social Impact Assessment

GBV Gender Based Violence

GMC Grievance Management Committee

HIV/AIDS Human Immune Virus/Acquired Immune Deficiency Syndrome

HSO Health and Safety Officer

IEC Information, Education and Communication

ISO Internal Security Officer

JFCU Joy for Children Uganda

LC Local Council

NERAMP North Eastern Road Corridor Asset Management Project

OC Officer in Charge

OSH Operation Safety and Health

RAP Resettlement Action Plan

SDS Social Development Specialist

TC Town Council

UNRA Uganda National Roads Authority

VAC Violence against Children

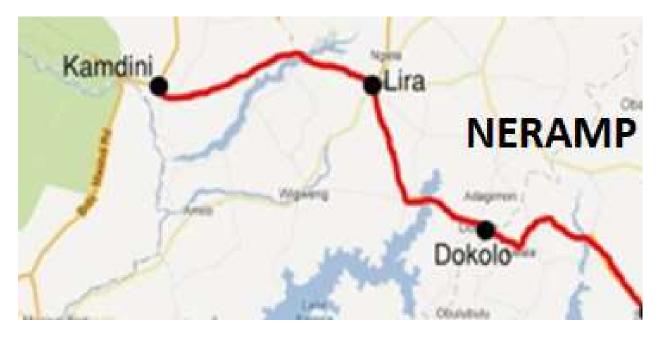
1.0 INTRODUCTION

The Uganda National Roads Authority (UNRA) is carrying out a maintenance of the road that runs from Dokolo to Corner Kamdini running through the districts of Oyam, Kole, Lira, and Dokolo under the North Eastern Corridor and Asset Management Project (NERAMP) Lango cluster. NERAMP aims to reduce transport costs, enhance road safety, and improve services on the road through a cost-effective Output and Performance-based Road Contract (OPRC). The road under rehabilitation is of high importance to Uganda and the East African Community as it services besides of domestic purposes as transit corridor between Northern and Eastern Uganda, South Sudan, North-eastern Democratic Republic of Congo (DRC) and the port of Mombasa in Kenya.

NERAMP comprises of 2 components (i) the introduction of output and performance-based roads contracts (OPRC) on a priority road corridor in Uganda and (ii) institutional support to Uganda National Road Authority (UNRA).

This road is being rehabilitated by a contractor with a loan from the World Bank and Government of Uganda. The road was contracted by UNRA to M/S Mota-Engil Engelaria E Construcao Africa SA to rehabilitate and maintain under an Output and Performance-based Roads Contracts (OPRC) and components therein (Works and Social risk management).

MAP LOCATION OF THE NERAMP LANGO CLUSTER ROAD FROM DOKOLO VIA LIRA, KOLE, OYAM DISTRICTS TO CORNER KAMDINI IN OYAM DISTRICT.



JFCU was awarded a contract dated November 2019 by Uganda National Road Authority to manage the social risks (Gender Based Violence (GBV) and Violence Against Children (VAC)) associated with the project under NERAMP (Lango Cluster) - RFP No: UNRA/SRVCS/2017-18/00095. The Lango cluster composes of 4 districts (Lira, Kole, Oyam and Dokolo).

UNRA contracted Joy for Children Uganda (JFCU) to mitigate the social risks (GBV and VAC) that are likely to emerge as a result of the influx of workers in the project area.

Specifically, the GBV and VAC program interventions aim to:

- * Reduce gender-based discrimination and violence in the contractor workforce and local community in project area through Gender Based Violence (GBV) awareness
- ❖ Promote gender and child protection awareness in the contractor's work force and local community in project area
- Promote Health and Safety including road safety in the contractor's workforce and local community in the project area.

Consequently, in order to carry out this task, a baseline survey was carried out by a consultant to establish the status of GBV and VAC issues in the project transect to provide bench marks that will be sued to monitoring the progress of the interventions to be carried out by JFCU to reduce and mitigate the social risks.

1.1 Objectives of the survey

- 1) Assess the knowledge and awareness of issues on Gender-Based Violence (GBV), Violence Against Children (VAC) and referral pathways (grievance management) as well as socio-economic status of individuals.
- 2) To conduct an analysis of stakeholders; mapping those involved and their roles in the GBV and VAC framework in the districts.
- 3) Establish the contributing factors (core drivers of violence against women and children) to the existence of GBV and VAC and referral pathways (case management and referral mechanism of survivors of GBV and VAC) for reporting and managing cases.
- 4) To identify the vulnerable/most at risk populations for GBV and VAC and map their locations
- 5) Establish the existence of Violence against Children Prevention Centre's and groups, vocational training centres for skills development and knowledge transfer and their functionality in addressing VAC and GBV.

The survey was conducted, and results were validated during workshops held with the stakeholders in the districts of Dokolo, Lira, Kole and Oyam between 23rd to 26th February 2021. The list of participants that were in the workshops attached in the Annexes.

The summary of the survey findings is also attached in the Annexes of this validation report.

2.0 VALIDATION FINDINGS BY DISTRICT

2.1 DOKOLO DISTRICT

The validation of the baseline survey in Dokolo district was carried out on the 23rd of February 2021 and in attendance was key stake holders as indicated in the list of participants. Notably was the CAO, representative of the RDC, the Police , the PAS , CDO, Probation Officer, District Chairperson, and staff from UNRA . A total of 31 participants were in the meeting held in Dokolo



Photo 1: Participants in Dokolo validation workshop.

The meeting was opened by JFCU project manager who welcomed the participants to the validation workshop.

The consultant was asked to present the findings from the baseline to the participants. Summary of the overall findings are attached in the annexes. However, more of the presentation was about findings relevant to Dokolo district. At the end of the presentation, the participants asked questions and also raised some issues concerning the road construction.

2.1.1 Feedback from the participants

According to the information provided by the health department, HIV and AIDS prevalence in Dokolo district was 5.7% as of February 2021 and the Boda Boda riders were singled out to be at the fore front of spreading the virus among the community.

The other issue raised was about when the road construction would begin, and they were concerned about the Lira to Kamdini road stretch which was reported to be in a very bad state.

They also wanted a monitoring tool to be developed to be used for supervising the implementation of the project in Dokolo district.

According to the NGOs coordinator in Dokolo district, the issue of disability especially access to the markets was lacking in the roads designs. The persons with disability were finding challenges in using the roads due to poor construction methods.



Photo 2: Participants for the validation meeting in Dokolo District

They also requested that the roads be properly marked as some of the markings were giving wrong information. Some of the water ways were being called rivers when they are actually not rivers and swamps being given wrong names.

They also wanted the walk ways to be expanded to reduce accidents especially for pedestrians.

They also requested for the redesigning of the road about in Dokolo, that it was so big, and some drivers were instead driving through it.

The CDO also informed the meeting that an ordinance was in the offing.

Child labour was also mentioned to be contributing a lot to the children dropping out of school in the district and need to be mentioned among the VAC issues during sensitization of the communities.

According to the Police, the three top child violence cases reported are Defilement, child neglect and child abandonment while the most GBV cases reported are domestic violence and rape.

The closing remarks were made by the CAO who thanked the consultant for the job well done and also looking forward to the commencement of the road construction. He also requested for sharing of information and collaboration of JFCU with the local government during the project activities.

They also wanted to know how the study communities were sampled. This was explained that it was sampling using the census population results of 2014 and the communities sampled were done based on their population data to the number of planned communities to be included in the study in the district. Used proportionate to size of the trading centers along the road within the district.

2.2 LIRA DISTRICT

The validation workshop in Lira district took place on 22nd February and attended by 46 participants.



Photo 3: Participants from Lira district who participated in the validation workshop for Lira district.

The names and positions they hold in local government are in the Annexes of this report.

The JFCU Legal officer welcomed the participants for validating the results of the baseline that was carried out by a consultant, in the districts of Dokolo, Lira, Oyam and Kole. The validation workshop was to share the findings from Lira districts and also have their input into the results to improve and enrich on the quality and quantity of the findings. Also to get their views about the planned project activities on mitigation of GBV and VAC risks due to the inflow of workers in the district.

The legal officer for JFCU also explained to them the role the organization was going to play during the implementation of the road construction project in the 4 districts.

2.2.1 Feedback and recommendations from participants

The participants felt that the causes of GBV are many and poverty was singed out to be the main cause of it. Herbalists were mentioned to be contributing significantly to GBV since women go to

seek charms to give their husbands and when the husbands find out, they resolve to GBV amongst themselves.

The participants also encouraged women to go to deliver from HCs to avoid HIV infection of the new born .



Photo 4: Participant during feedback session in the validation workshop in Lira.

Oyugi rock site was identified as a site where VAC and GBV was being committed and also truck drivers were mentioned to park their lorries along the road and have sex with commercial sex workers from their trucks. These were identified as risk places where VAC was being carried out by the community .

Covid 19 was also mentioned to had contributed a lot to teenage pregnancy in the community as during lockdown, girls got pregnant because they were not in school and roaming in the villages where they met young boys and men for socialization some of them ending into having sex and pregnancy.

According to the Speaker, Lira district is planning to develop an ordinance on Child Violence which if put in place, it will contribute towards ending child violence and teenage pregnancy issues in the district.

They also recommended the need to involve the cultural systems which is clan based especially the cultural and the religious leaders during sensitization activities on GBV and VAC. These cultural and religious systems were identified as having key resource persons who are very influential for behavioral changes and have a big share in influencing community perspectives based on information given to them through these systems.

The closing remarks were made by the CAO who thanked URA, JFCU and all the participants for having attended the workshop and getting information about GBV and VAC in the district. He also thanked the consultant for carrying out the research and was hopeful that the project will contribute towards reducing GBV and VAC occurrences in the district.

2.3 KOLE DISTRICT

The validation workshop for Kole district took place on 23rd of February 2021 at the district and was well attended by participants from district local government including the heads of departments of Police, District engineer, community development, education and the CAO.



Photo 5: RDC Kole district during validation workshop in Kole district.

Others included the Town clerk, D.H.O, LCV Chairperson, ISO/DISO, and UNRA staff from the regional office. A total of 51 participants attended the meeting as listed in the attached annex in the report.

The workshop was opened by the JFCU CPO who introduced the JFCU Team and the purpose of the workshop. A self-introduction of the participants was also done where each participant mentioned his or her names, and institution and position held.

The CPO from JFCU explained to the participants the various GBV areas which include physical, sexual, psychological/emotional, rape and sexual violence, child sexual abuse, child marriage, FGM, marital rape, dowry related violence, femicide, sexual harassment, forced prosecution and sex trafficking.

The consultant was asked to present the baseline findings in general and Kole district findings in particular.

2.3.1 Feedback from the participants

They raised the issue of HIV testing for the workers of the road contractor. The wanted the workers all of them to be tested for HIV so that they know their status which would encourage those who are HIV positive to be careful and not spread HIV by using protective measures like using condoms.

They also wanted to find out which means the workers that impregnant the girls in the community would be tracked for legal address. What has the contractor put in place to ensure that the workers do not get involved in having sex with young girls in the community.

How GBV an VAC cases were going to be followed up and by who? They mentioned about PEP services that are provided to victims of sexual violence within 72 hrs. to prevent being infected with HIV. How will the survivors of the rape or defilement access the services?

They also wanted to know if there was any study on the impact on GBV and VAC during the earlier construction of the road which would provide a bench mark of what would be used from the experience of the earlier works.

They too wanted to know how the community would get to know about the GRC so that they can report to them such issues mentioned on GBV and VAC happening in the community during road construction.



Photo 6: Deputy CAO Kole district during workshop in Kole district

They also mentioned that there was need for mapping risky areas in the community where VAC and GBV is most common and also identify the persons involved for sensitization and prosecution.

They identified that labour laws were being exploited and many children were involved in child labour hawking and selling items in the trading centres.

Cultural practices and poverty were significantly contributing to early marriages and teenage pregnancy in the community. The issue of bride price was mentioned as one of the evils leading to child marriages and violence against children.

They also said that LCs chairpersons were not playing their roles as defilement was taking place right on their noses and they don't act.

Many women are having more than one man, and this has contributed to a rise in the GBV cases in the community.



Photo 7: Participant during workshop in Kole district giving feedback

Children and Human rights were not being explained well to the community and being misinterpreted and abused.

The shifting of cultural practices and norms towards modernity has shifted and affected the traditional and cultural power and authority levels at household levels and is one of the causes of GBV.

The use and abuse of the media (social media), posting family issues on the media platforms has contributed to increase in GBV.

2.3.2 Recommendations

• They recommended the perpetrators of GBV, and VAC be arrested and prosecuted through first reporting them to relevant authorities especially to Police.

- Empowering the LCs also to help in arresting the perpetrators of VAC in the community.
- They strongly recommended the project in supporting the para social workers, the child protection committees, the Village Health Teams and sensitize them together with the community leaders about the referral pathways under child protection and GBV management.
- There is need to involve the cultural leaders in the sensitization and also in the processes of ending the bad cultural practices that promote abuse of child rights.
- Strengthening informal and informal structures in the communities to address VAC and also the referral systems for VAC and GBV.
- Need to disseminate the Cap59-Children Act as amended to the community so that they understand very well the laws. Some people are not aware that what they are doing is against the laws and do it blindly and end up being caught by the long arm of the law.
- Involve the Ministry of ICT and other social media service providers like MTN and Airtel in messaging on GBV and VAC prevention using the media in local languages and also controlling the use of the media for VAC and GBV messaging.
- Promote the use of 116 toll free line for reporting VAC and GBV perpetrators so as to address the fear of reporting and repercussions.



2.4 OYAM DISTRICT

The validation workshop for the baseline survey in Oyam district, took place on the 26th of February 2021 and was attended by 32 people coming from the local government, JFCU, UNRA and civil society. The RDC, the LCV Chairperson, the Deputy CAO, the UNRA SDS, OCFPU, CDO, and Town clerk for Oyam Town council being among the participants.

Photo 8: LCV Chairperson, Oyam District during the validation workshop.

The list of the participants is attached in the Annex of this report.

The welcome note was made by JFCU Child Protection Officer and briefed the participants

about the purpose of the validation workshop and about JFCU roles in the NERAMP LANGO cluster road rehabilitation project.

The participants also introduced themselves and mentioned their places of work and position. Prior to the welcome note, a prayer had been made to bless the occasion.

The consultant was requested to present the findings of the baseline survey carried out in the four districts of Dokolo, Lira, Kole and Oyam by also teasing out the findings specifically for Oyam district.

2.4.1 Reactions about the presentation

It was mentioned that teenage pregnancy in Oyam district was 28% which is well above the national teenage pregnancy rate of 26%. This means that the issue of teenage pregnancy in the district was a matter of concern by all.

The research was timely and important and brought out some important issues that the district needs to look at and also address.

Photo 9: Deputy CDO, Oyam District.

Parents were mentioned to be forcing girls to get married so that the parents get dowry out of this arrangement. This was said to be caused by poverty among the population.

According to the LCV chairperson, gambling mainly by men who are badly behaved were involving themselves into this mess and becoming a problem in homes with their spouses. He suggested total ban on gambling in the district.

Alcohol intake was also identified as a source of bad behavioral practices. There was cheap alcohol (locally made cheap wines) which is packed in sachets and being sold around and some even being

brough from Kampala and sold in the community.

The Assistant CAO blamed parliament for failure to effectively ensure that policies are in place to control the manufacture and sale of the alcohol.

2.4.2 Suggested Recommendations to end VAC and GBV in district

• Use of local artists to send messages to advocate, name and shame the perpetrators of GBV and VAC in the community.

- Establish bylaws to ban the sale of locally made and cheap alcohol sold in sachets in the district so as to reduce alcohol intake and abuse.
- Create alternative source of livelihood for those involved in making alcohol.



- Make an ordinance in the district on teenage pregnancy.
- Strengthening the reporting and referral systems for VAC and GBV cases in the community using existing community structures like the Child Protection Committees and Village Health Teams (VHTs).
- Conducting community dialogues about GBV and VAC

Photo 10: UNRA -SDS staff making remarks during the validation workshop

- Strengthen the laws against early marriages through effective enforcement and prosecution of the perpetrators.
- Increase the age of marriage from 18 to 21 years since by 18 years, some children are still in the university and in school and not ready for marriage.

The closing remarks were made by the LCV chairperson having been invited by the CAO who also made a closing note.

ANNEXES -LIST OF PARTICIPANTS

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MANAGING AND MITIGATING SOCIAL RISKS ASSOCIATED WITH GENDER-BASED VIOLENCE AND VIOLENCE AGAINST CHILDREN ALONG NORTH-EASTERN ROAD CORRIDOR ASSET MANAGEMENT PROJECT (NERAMP) - LOT 2 Activity Disservingtion Workshop for NERAME - 1801E Date 25/2/2021

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Annex: Executive Summary of the Baseline findings on GBV and VAC in NERAMP Lango Cluster

The Uganda National Roads Authority (UNRA) plans to carry out a maintenance of the road that runs from Soroti to Corner Kamdini running through the districts of Lira, Kole, Oyam and Dokolo under the NERAP Lango cluster. As part of this work UNRA contracted Joy for Children Uganda to carry out awareness, mitigate and manage Social Risks Associated with Gender Based Violence against Children among the communities that would be directly or indirectly affected by this road rehabilitation project and addressing other concerns of the communities about the road rehabilitation.

Specifically, the GBV and VAC program interventions aims to:

- Reduce gender-based discrimination and violence in the contractor workforce and local community in project area through Gender Based Violence (GBV) awareness
- Promote gender and child protection awareness in the contractor's work force and local community in project area
- Promote Health and Safety including road safety in the contractor's workforce and local community in the project area.

The lenders requirements are that for such a project, a Gender Based Violence (GBV) and VAC, baseline survey is mandatory to provide the bench marks for VAC and GBV level of incidences, existing prevention interventions, awareness among the workers and host communities so that at the end of the interventions made by JFCU, an impact evaluation can provide evidence of positive or negative changes.

Objectives of the survey

- 6) Assess the knowledge and awareness of issues on Gender-Based Violence (GBV), Violence Against Children (VAC) and referral pathways (grievance management) as well as socio-economic status of individuals
- To conduct an analysis of stakeholders; mapping those involved and their roles in the GBV and VAC framework in the districts.
- 8) Establish the contributing factors (core drivers of violence against women and children) to the existence of GBV and VAC and referral pathways (case management and referral mechanism of survivors of GBV and VAC) for reporting and managing cases.
- 9) To identify the vulnerable/most at risk populations for GBV and VAC and map their locations
- 10) Establish the existence of Violence against Children Prevention Centre's and groups, vocational training centres for skills development and knowledge transfer and their functionality in addressing VAC and GBV

Methodology used

The baseline study used secondary data review and analysis as well as collecting and analysing primary data using both quantitative and qualitative approaches. A questionnaire was designed and administered to 392 randomly sampled community members in the 4 districts located in rural and urban towns along the road to be rehabilitated by 10 trained enumerators using handheld devices and Open Data Kit program for data collection. Key informant interviews were held with staff from probation office, Child and Family Protection unit, community leaders, Health Unit staff using designed tools for KI interviews. Focus group discussions were also held with men, women, children using designed tools for FGD. A list of names and contacts of persons interviewed for KI and FGDs is attached in the annexes.

Quantitative data analysis for the data collected using the household questionnaire was carried out using SPSS Ver.20. All qualitative interviews, with appropriate consent, were written and captured in word. Themes and sub-themes formed the basis of the coding structure for the transcripts, which were analysed manually.

Due to COVID 19 all necessary precautions were taken to ensure safety of the respondents and interviewers from contracting the virus through social distancing, use of the face masks during interviews and sanitizers.

Socio-demographic characteristics of respondents

A total of 392 respondents were interviewed from the 4 districts of Dokolo, Kole, Oyam and Lira. Of these, majority (61.5%, 241) are women. Over half (64.0%) of respondents were in monogamous marriage, 6.0% in polygamous marriage and 5% were widowers. Of those who are widowers, the majority (81.8%) are female. Results show that nearly a half (47.4%) of respondents had not completed different levels of education which reflects a high drop out of school among the respondents. The bigger percent (26.0%) of respondents had not completed primary school, 21.4% had not completed secondary school, 7.1% had never been in school while 4.6% had completed tertiary education .Majority (39.7%) of the respondents were peasant farmers, 15.3% businessmen/women, 5.9% shop attendants, 3.8% artisans, 5.6% boda riders, 6.1% public servants, 5.6% housewives at home and the rest, drivers, hawkers, bar attendants, market vendors, and livestock keepers.

Extent and Knowledge of and attitudes towards GBV

GBV is pervasive disproportionately affecting women and girls. Some forms of violence against women are normalized and legitimized by survivors, perpetrators, and communities, according to sociocultural norms. Economic insecurity, alcohol and substance abuse, marital conflict, weak enforcement of laws, weak institutional capacity to respond to violence, and inadequate social support systems were all identified as major risk factors.

The extent of GBV and VAC in the districts is exceedingly high based on qualitative and quantitative data obtained from Police , Probation officers, and key informant interviews. The ongoing interventions are inadequate to address the current scale of GBV and VAC exiting in the community. The common GBV cases reported are domestic violence, rape, common assault, denial of women to access to family assets, and abuse. The main lead causes of this were mentioned to be poverty , alcoholism , polygamous marriages and diseases like HIV and AIDS.

Respondents were asked perceived knowledge of levels of incidence of VAC in the community and according to the results, 32% could not tell, and 20% said it was very high i.e. having heard of a case once in a week, 28% medium i.e. a case once in 3 months and 18% very low i.e. case once in 6 months

In Dokolo district for example, 388 GBV and in Kole district 512 GBV cases were handled by the Child and Family Protection Unit (CFPU) between Jan-July 2020 and of these cases more than half were domestic violence and violence against children cases. In 2019, a total of 284 GBV cases were recorded by Police in Dokolo District, CFPU and of these, more than half (57%) were domestic violence cases, 21% defilement and 15% child neglect. Of these 112 GBV, a total of 50 GBV (44.6%) cases had been taken to court. Between January 2019 to June 2020, 178 domestic violence cases were reported in Dokolo Police and of these 38% were counselled and resolved at the unit by staff and not taken to court and 8% were taken to court while 36% are still under investigations.

The attitude of respondents towards GBV was very negative .As an example, 56.1% of the respondents agreed that it was okay for a man to control movements and determine friends for his wife as way to prove his authority over her which is indeed not right. Surprisingly even among the women respondents , over a half (58.5%) also agreed to the statement. Overall, 38.8% of the respondents agreed that a woman should tolerate violence from her husband to keep her family together and among the female respondents, 37.3% also agreed that this should be the case. Similarly, 43.9% of respondents agreed that women are to be blamed for the violence from the husbands or boyfriends use against them and surprisingly enough 41.5% of the female respondents agreed to this statement.

Extent, Knowledge of and attitudes towards VAC

Violence against children is pervasive in all the communities in the 4 districts. Key risk factors at the interpersonal level include the presence of domestic violence in the home, the quality of the relationship between parent and child, financial stress, family structure, and nonfamily community members in the community. Other risk factors include alcohol and substance abuse, the normalization of violence, and social norms that deem physical punishment acceptable.

Violence Against Children (VAC) was reported to be high among children both in school and those out of school . Data on VAC available in Police is a gross underestimate of VAC since it does not include unreported defilement cases taking place in the districts. Causes and types of VAC at school include, indiscipline of children, such as theft and bullying, Transfer of aggression by teachers, troubled state of mind where a teacher starts attending children with a troubled mind, such a teacher is easily angered, and this can compromise their rational way of thinking and verbally abuse the child, corporal punishment, defilement and Vulgar language used on and amongst children at school. Those out of school experience violence in form of child labour, defilement, beating by fellow children mainly among street children, drug abuses, denial of food, denial of education and health services due to lack of financial support to access basic services. Many of these children were involved in hawking and selling of goods on the streets and small towns e.g. corner Kamdini along the highway . Most of the children experiencing violence were identified to be orphans, children of single mothers, children from polygamous marriages and abandoned children who do not know their parents or relatives.

Perpetrators of VAC mentioned include drunkards, redundant youth, truck drivers, road constructors, electricity workers in field installing poles, fellow children, parents, relatives, caretakers, employers, and teachers. Respondents were asked perceived knowledge of levels of incidence of VAC in the community and according to the results, 32% could not tell, and 20% said it was very high i.e. having heard of a case once in a week, 28% medium i.e. a case once in 3 months and 18% very low i.e. case once in 6 months. The top three mentioned common child abuses by respondents are defilement (27%), child beating by parents and or guardians at home (12.8%) and child abductions (4.8%). Other child abuses reported are child labour (3.1%), child abuses by teachers e.g. defilement, marrying (3.1%) and child beating in schools (1.5%). Survey data obtained from Health department in Kole district reveal that 3,646 girls aged between 10-19 years attended 1st Ante-natal care services in health facilities in the district in 2019. This represents, 28.2% of total 1st ANC cases for all ages in the district during the same year. This means that these were children that were defiled, and some are married and reported to health facilities for health care.

Attitude towards VAC was to a high extent bad as some respondents reported that they were directly involved in abuses of children and they thought it to be a good practice. About 57.4% of the respondents said that child beating was a good practice of disciplining a child and of these the majority (57.7%) are female respondents . A number of reasons were given by those who ever beat a child and majority (30.1%) is because the child had refused to go to school, 27.3% because the child had stolen food to eat and 18.4% because of the child refusal to do household chores. Beating a child because of stealing food is serious abuse

Challenges of addressing GBV and VAC

A number of challenges were identified which are contributing to continuous existence and increase of GBV and VAC incidences in the communities. Effective GBV and VAC case management continues to be undermined by the lack of accessible, integrated services and reporting mechanisms; weak institutional capacity across sectors (justice, health, education, and social welfare); and the absence of effective coordination of services in all districts. Second, the humanitarian response to the protection of survivors tends to generate parallel structures for provision of services which are not always aligned nor integrated with the national systems.

Interference by parents in the management of cases especially defilement: Parents tend to agree and settle the matter out of court. Logistics -Transport is a challenge when handling cases by the police force. Corruption in the legal system-The Perpetrators often bribe the people in the legal system and so cases are dismissed. The cost of following VAC cases by authorities and even parents and relatives of the survivors is prohibitive in addressing the legal process to prosecute the perpetrators. LCs and clan leaders managing cases beyond their jurisdiction like defilements denies justice to the survivors. The perpetrators end up getting weak punishments and walk away scot free.

Some perpetrators are violent, they threaten survivors who need protection. The districts and Police lack shelters for survivors of Gender based and Violence against children .Many cases are not prosecuted as couples tend to cover up GBV cases, by the time a case of GBV is identified it is in the worst condition and in some cases medical evidence cannot be got in case of defilement.

Key Recommendations

Finally, effective prevention of GBV and VAC requires several interventions at multiple levels (individual, interpersonal, community, and societal). While some prevention programs exist in districts, they are low scale, fragmented and dispersed. Few interventions address both GBV and VAC drivers through an integrated and multi-pronged approach.

To contribute towards the reduction of GBV and VAC in the communities, the following need to be addressed:

- 1) Sensitization of communities about VAC and GBV referral pathway of victims, prevention and harms using media mainly Radio FM stations like Dokolo and Lira FM and using IEC posters in schools
- 2) Collaboration with and support key stake holders mainly Probation office in district local government, Police Family and Child Protection units in Police and NGOs like World Vision, Raising Voices, Child Fund, Plan Uganda, and CBOs like Women League to address VAC and GBV issues in the districts.
- 3) Support the Police Family and Child Protection units in Police in databases and information management on VAC and GBV by equipping with a desktop computer and training of staff in information and data management using computerized data base software's like Excel.
- 4) Collaborate with Grievance Management Committees, Para social workers, Child Protection Committees (CPCs) to sensitize communities and school going children about VAC and GBV issues and to identify, record and refer cases of survivors of VAC and GBV for proper management by relevant authorities in the district.
- 5) Conduct sensitization awareness with Local community leaders, Religious leaders, and clan leaders to address socio and cultural practices and issues that promote VAC and GBV e.g. bride price, education of girl child, polygamy, alcohol and drug abuses, livelihood etc.