

**BULAMBULI DISTRICT LOCAL GOVERNMENT**

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REPORT FOR THE SITUATION ANALYSIS

OF

SEXUAL AND GENDER BASED VIOLENCE (SGBV)

IN BULAMBULI DISTRICT

 June 2020

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# ABBREVIATIONS AND ACRONYMS

CDO Community Development Officer

CPS Central Police Station

COVID-19 Coronavirus Disease 2019

dHIS2 District Health Information system, Version 2

IEC Information, Education and Communication

MoGLSD Ministry of Gender, Labor and Social Development

MoH Ministry of Health

OVCMIS Orphans and Vulnerable Children Management Information System

SBCC Social and Behavior Change Communication

SGBV Sexual and Gender Based Violence

UNFPA United Nations Population Fund

USAID/RHITES-E USAID/Regional Health Integration to Enhance Services in Eastern Uganda

# **INTRODUCTION**

## **District Profile**

Bulambuli District is located in Eastern Uganda, on the slopes of Mt Elgon. It is located about 297 Km from Kampala along Mbale-Sironko-Motoro road. The district headquarters are located at GPS coordinates Latitude: N1o19’39”; Longitude: E34o17’27”; and Altitude 1113.8m It borders Nakapiripirit district in the North, Kapchorwa and Kween districts in the East, Sironko District in the South and Bukedea district in the West.

The district land area covers 809.65sq kilometers with two distinct geographical terrains i.e. the upper part of the district, Elgon County, covers 75%, is located in the mountains, experiences landslides, and has hard to reach conditions; the lower part of the district, Bulambuli county, covers 25%, its low lying, and experiences frequent flooding and water borne disease outbreaks.

The district is administratively subdivided into 2 Counties, 23 Sub-counties, 3 Town councils, 111 parishes, and 1299 villages. There are about 33,978 households in the district (VHT Household Mapping FY2018/19).

The estimated population is 228,600 (UBOS projection for FY2019/20). Of these, 115,300 (50.4%) are female and 113,300 (49.6%) are male. Majority of the people are peasant farmers engaged in growing of coffee, bananas and vegetables in the mountainous Elgon County while Maize, beans and rice are grown in the low-lying plains in Bulambuli county.

## **Sexual and Gender Based Violence**

In 2015, Bulambuli district started a programme for prevention and management of SGBV with funding and technical support from United Nations Population Fund (UNFPA), Ministry of Gender, Labor and Social Development (MoLGSD) and Ministry of Health (MoH). The situation analysis conducted at that time showed that SGBV was highly prevalent in the district with several factors influencing it. Through this programme, SGBV coordination structures were established, service providers trained, and tools were provided.

However, the programme stopped and the services have deteriorated due to various factors including lack of funds, new staff, lack of coordination. In spite of this, there are many cases of SGBV that are seen at health facilities, sub-counties and police stations. Most of these are not well management and documentation and reporting is poor.

The implementing partner, USAID/RHITES-E is now providing technical support to improve SGBV services. The district team therefore planned to conduct a situational analysis to determine the current level of SGBV and service provision in order to develop strategies and interventions.

# **SITUATIONAL ANALYSIS**

This is the second district SGBV situation analysis to be conducted in Bulambuli since 2016. This situation report provides a basis upon which decision makers will plan and implement the required interventions to strengthen SGBV services in the district.

## **Aim**

To strengthen the implementation of interventions for prevention and management of SGBV in Bulambuli District

## **Objectives**

1. To determine the magnitude and trends of SGBV in Bulambuli district
2. To assess the capacity of the current structures in management of SGBV in Bulambuli district.
3. To assess the level of implementation of SBCC intervention for creating awareness and demand for SGBV services in Bulambuli district
4. To assess the existence and functionality of SGBV coordination structures in Bulambuli district

## **Methodology**

All the 65 service provider units including the 3 district departments (Health Community & CPS), 26 health facilities, 10 police facilities, 26 sub counties were targeted for data collection.

A questionnaire was developed to collect both qualitative and quantitative data from key informants at each of the 65 SGBV service provider units. Another tool was developed to extract data from the dHIS2, OVCMIS and CPS for SGBV cases registered and reported. A team of data collectors including Community Development Officers (CDOs) and Health Information Assistants (HIAs) were oriented on the tools and facilitated to collect the data.

The data collected was cleaned and entered into an excel database. The data was analyzed and presented using graphs and tables as seen in the next section of this report.

# **RESULTS**

## **Coverage**

63 units were visited for data collection which included 3 district departments, 26 health facilities, 24 sub-counties and 10 police posts. The coverage was 97% of the targeted 65 units. 2 sub counties were not assessed.

## **Occurrence of SGBV Cases in Bulambuli District:**

The results show that SGBV cases are many and the number of cases registered has been increasing as seen in the graph below.

Sexual offenses are higher than the other forms of SGBV. It was noted that, the other forms of SGBV like physical, psychologic and economic are rarely reported and handled at police. However, there is a significant gender difference in reporting SGBV cases whereby, cases are mostly reported by females as seen in the graph below.

There is no significant difference across the months in the year. However, there is an overall increase in number of cases across the years. Males reported more cases of SGBV during the months of COVID-19 lockdown i.e. March to May 2020 compared to the same months in the previous 3 years from 2017 to 2019.

The total number of cases analyzed was based on data from Central Police Station in Bulambuli District. Data on SGBV cases handled and reported into dHIS2 and OVCMIS/SGBV Database were not accessible due to online system challenges.

## **Availability and capacity of SGBV Focal Persons**

Each of the three district level departments has a focal person handling SGBV. However, only 37 (62%) of the 60 lower level service provider units assessed (Sub county, Health facilities, police posts) have focal persons handling SGBV. However, availability of focal persons was good (96%) at sub counties but very low at health facilities and police posts i.e. 27% and 40% respectively as seen in the graph below.

When district level departments and service providers are combined, the total availability of SGBV focal persons is 59% (37 out of 63 units visited).

4 (11%) of the 37 SGBV focal person in the district reported to have attended a training in SGBV within the last one year. However, training of SGBV focal persons was better at the district i.e. 67% (2 out of 3) but very low at service provider level i.e. 6%. This implies that the average capacity to coordinate SGBV at service provider level is very low.

## **Availability of SGBV Laws, Policies & Guidelines**

Availability of SGBV laws, policies and guidelines at district departments, sub counties, health facilities and police posts were at 48% i.e. 30 out of 63 units. Availability was generally poor for the four priority SGBV documents assessed i.e. Penal Code Act (PCA), Domestic Violence Act (DVA), Reproductive Health Policy (RHP) and the Children Act (CA).

|  |  |  |
| --- | --- | --- |
|  | Laws, Policies and Guidelines | Total |
| Present | Absent |
| SGBV Focal Person | Present | 24 (67%) | 13(35%) | 37 (100%) |
| Absent | 6 (23%) | 20 (77%) | 26 (100%) |
| Total | 30 | 32 | 62 |

However, this table shows that availability of laws, policies and guidelines on SGBV is better where there are focal persons and vice versa i.e. 67% and 77% respectively.

## **Availability of Resources for SGBV Management**

37 (59%) out of 63 service units have human resource for the management of SGBV services, however, they are affected by inadequate availability of the other resources & logistics, as seen in the graph below. Most of the resources are Government aided (42%).

Supervision of SGBV activities is not adequately being done by both higher level and lower level service units, i.e. only 3 (5%) out of 63 service units were supervised on SGBV in the last one year.

## **Demand Creation for SGBV services through SBCC interventions**

Social Behavior Change Communication (SBCC) interventions on SGBV by service providers are inadequate as seen in the graph below. Radio talk sows and IEC were very low i.e. 5% and 6% respectively. Few service providers have community resource persons (CRP) and conducting community dialogues. This implies that the number of SGBV cases reported could be lower than what is actually happening in the communities.

Some service providers in Bulambuli district have developed networks and linkages for SGBV services. However, only a quarter of the service providers i.e. 24% have mapped and developed networks for SGBV services. Therefore, access to services, linkages and referrals are inadequate. It is also observed that 9% of the service providers developed networks without mapping (41% vs 32%), an indication that service providers may need capacity building in developing networks and linkages.

## **Reporting on SGBV in Bulambuli District**

|  |  |  |  |
| --- | --- | --- | --- |
|   | Making reports | Total | Reporting Rate |
| Yes | No |
| Reporting tool | Yes | 24 | 1 | 25 | 0.96 |
| no | 19 | 19 | 38 | 0.5 |
|  Total | 43 | 20 | 63 | RR=1.92 |

68% of the service providers submit reports on SGBV, however only 40% said they had reporting tools. Those who said they had the reporting tools were twice likely to submit reports compared to those who did not have reporting tools (RR=1.92) as seen in the table below.

Availability of reporting tools is highest in sub counties (58%). Service providers at all levels were all able to make reports regardless of availability of reporting tools with Police having higher reporting rates (90%).

## **Functionality of SGBV Coordination Committees**

13 (21%) out of 63 service providers said they had SGBV coordination committees. However, only 31% of the SGBV coordination committees were oriented in their roles. Three quarters of the SGBV coordination committees are executing their duties (conducting meetings and supervision).

It was observed that 79% of the service providers do not have SGBV coordination committees, which has also contributed to the poor SGBV service delivery. There this calls for urgent establishment and orientation of SGBV coordination committees at all levels.

## **Conclusion**

SGBV incidence is very high in Bulambuli district with trends showing the numbers increasing every year. However, the capacity to coordinate, manage and report is low.

# **CHALLENGES**

1. Inadequate trained staff on SGBV management. Most of the staff that were initially trained in SGBV hand either transferred or left the district. This has affected the activities especially at police, sub-counties and health facilities.
2. Inadequate IEC materials. Although some IEC were distributed about 5 years ago, it was noted that most of the service providers did not have IECs on SGBV. Therefore mobilization, sensitization, linkages and referral were inadequate.
3. No funding for SGBV activities. The district does not have a funding for SGBV activities and there has not been a partner to support this intervention. Therefore, activities like supervision, sensitization and coordination have not been done as expected.
4. Inadequate reporting tools for SGBV: The ministry of Gender, Labor and Social Development (MoGLSD) developed a national GBV database and reporting tools of which few copies were provided to the district and some service providers trained on entry of the online data. However, since 2016, there has not been follow up and currently there are no supply of reporting tools. Some sectors like health, and police have had some of the GBV indicators integrated into the routine reporting tools. However, it is also noted that some of the service providers are not registering and reporting on SGBV cases.
5. Other challenges faced in the management of SGBV include Inadequate laws, policies and guidelines on SGBV; Lack of shelters for SGBV survivors; and Lack of adequate private space to manage SGBV.

# **RECOMMENDATION**

1. Build the capacity of frontline service provider through identification and training of SGBV focal persons, orienting and mentoring service providers in the management of SGBV at all levels, and provision of laws, policies and guidelines on SGBV.
2. Distribute IEC materials and reporting tools
3. Sensitization of communities and providing legal support to SGBV survivors
4. Strengthen coordination of SGBV at district and subcounty levels