

# **Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa**

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**Japan International Cooperation Agency (JICA)**

**IC Net Limited**

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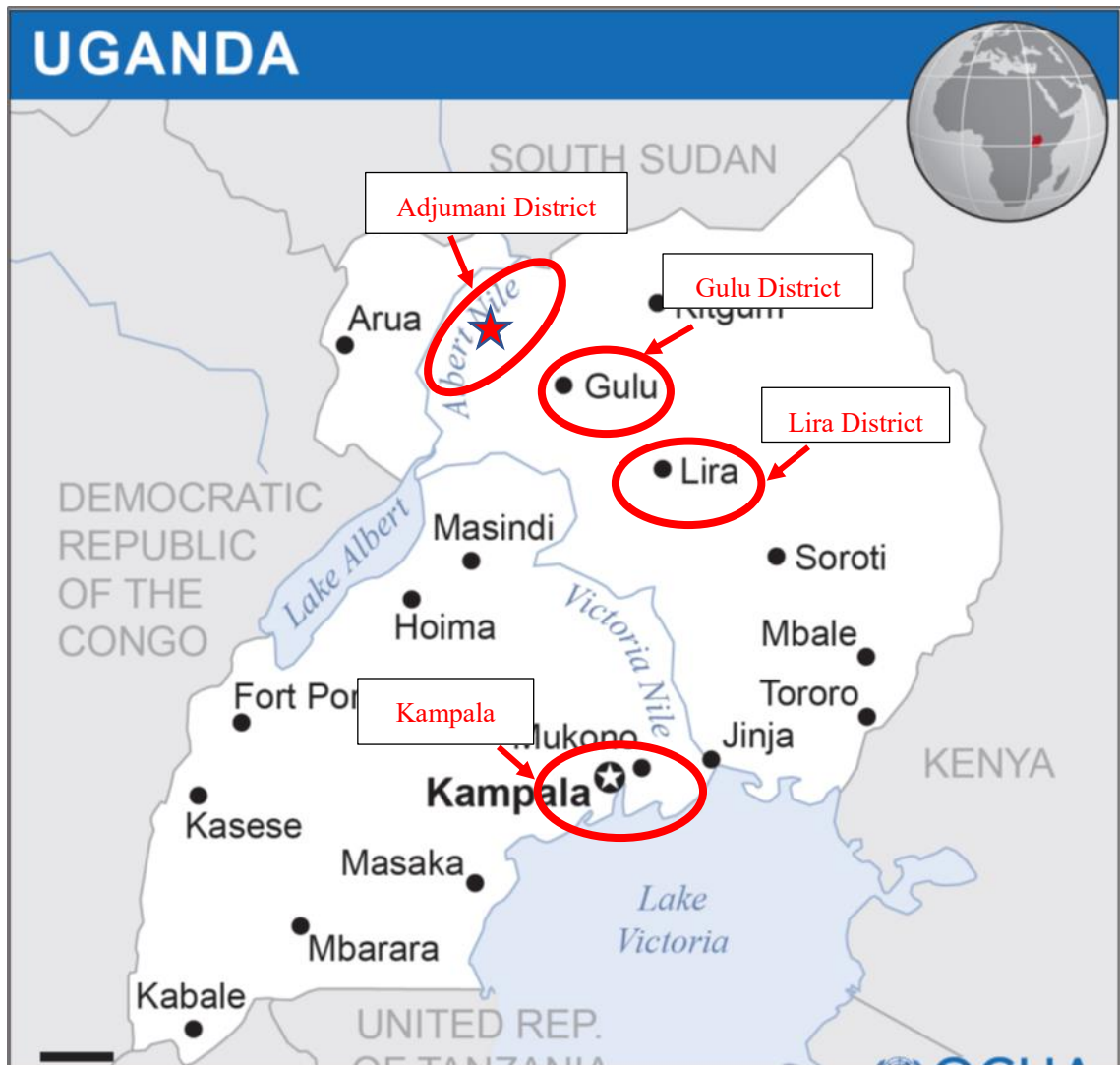
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## Map of the Survey Countries

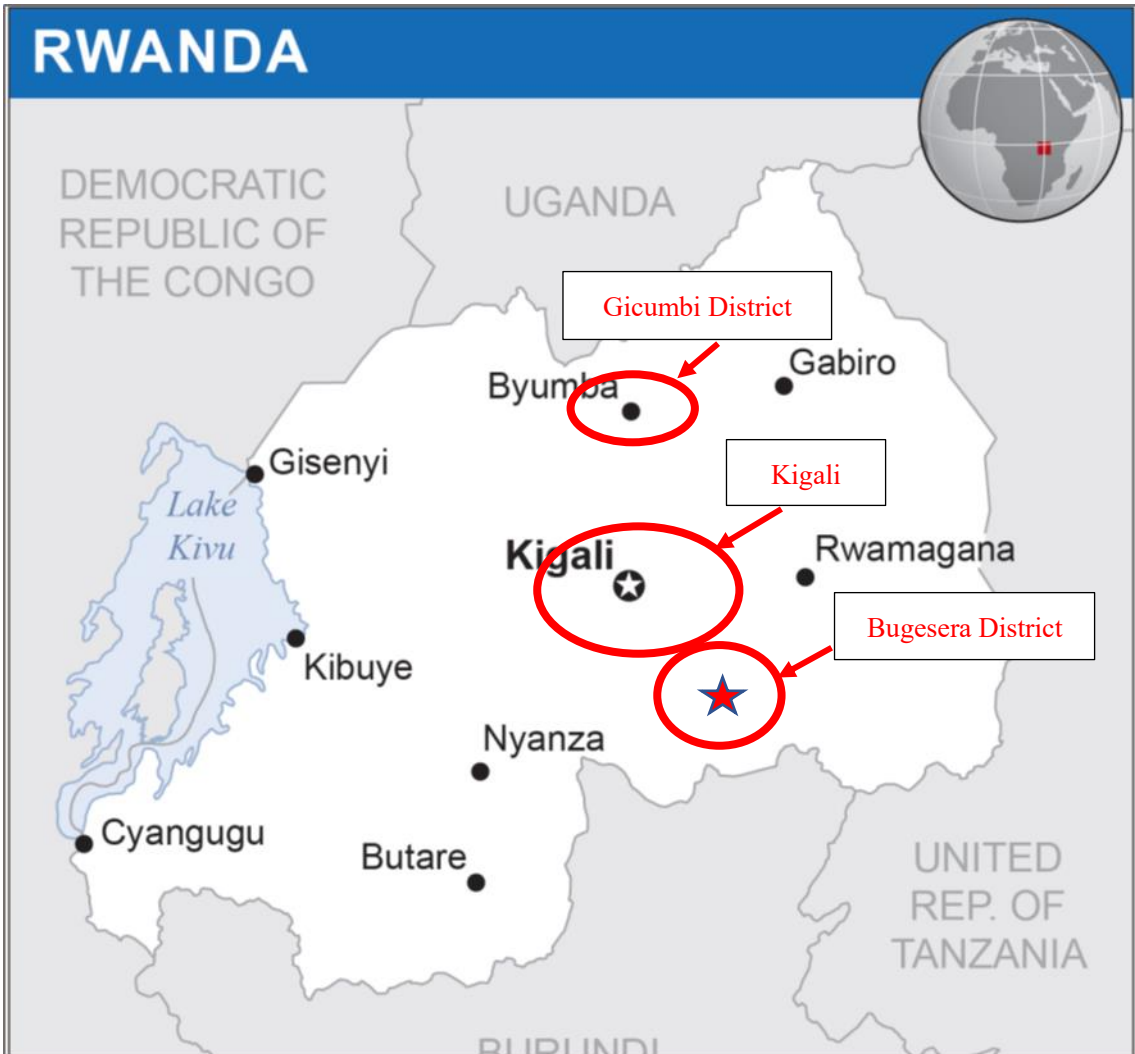


Map 1: The Republic of Uganda

(Red star and circles indicate the survey area)

Source: Prepared by the author based on OCHA/ReliefWeb

[https://reliefweb.int/sites/reliefweb.int/files/resources/uga\\_ocha.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/uga_ocha.pdf)



Map 2: The Republic of Rwanda

(Red circles indicate the study area)

Source: Prepared by the author based on OCHA/ReliefWeb

<http://rwandahighcomm.org.sg/wp-content/uploads/2016/09/Map-of-Rwanda.jpg>



Map 3: The Republic of South Sudan

(Red circle indicates the study area)

Source: Prepared by the author based on OCHA/ReliefWeb

<http://www.globalcitymap.com/south-sudan/south-sudan-map.html>

(The state names on the map are those before the reform in 2016)

## Abbreviations

Common to three countries

Abbreviation	Term in full
AU	African Union
CEDAW	Convention of Elimination of All Forms of Discrimination against Women
CRRF	Comprehensive Refugee Response
CSO	Civil Society Organization
DFID	Department for International Development UK
DHS	Demographic Health Survey
DV	Domestic Violence
EAC	East African Community
FGM	Female Genital Mutilation
G7	Group of Seven
GBV	Gender-Based Violence
GBV IMS	GBV Information Management System
GDP	Gross Domestic Product
GNI	Gross National Income
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IASC	Interagency Standing Committee
ICC	International Criminal Court
IDP	Internally Displaced Persons
IGAD	Inter-Governmental Authority on Development
IOM	International Organization for Migration
IPV	Intimate Partner Violence
JICA	Japan International Cooperation Agency
LGBT	Lesbian, Gay, Bisexual and Transgender
LRA	Lord's Resistance Army
NGO	Non-governmental Organization
PEP	Post-Exposure Prophylaxis
PKO	Peace Keeping Operation
PTSD	Post-Traumatic Stress Disorder
SGBV	Sexual and Gender Based Violence
SOP	Standard Operating Procedure
TICAD7	7 <sup>th</sup> Tokyo International Conference on African Development
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United Nation Population Fund
UNHCR	The Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNSCR	United Nations Security Council Resolution
USAID	United States Agency for International Development
VAW	Violence against Women
WFP	World Food Programme
WHO	World Health Organization



## Uganda

Abbreviation	Term in full
CAO	Chief Administrative Officer
CDO	Community Development Officer
CFPD	Child and Family Protection Department
CID	Crime Investigation Department
DCDO	District Community Development Officer
DNA	Deoxyribonucleic acid
GWED-G	Gulu Women's Economic Development and Globalization
ICC-TFV	Trust Fund for Victims of the International Criminal Court
JLOS	Justice, Law and Order Sector
LC	Local Council
MGLSD	Ministry of Gender, Labour and Social Development
OPM	Office of the Prime Minister
PSWO	Probation and Social Welfare Officer
ReHOPE	Refugee and Host Population Empowerment
SCDO	Senior Community Development Officer
TPO	Transcultural Psychosocial Organization

## Rwanda

Abbreviation	Term in full
ARC	American Refugee Committee
GMO	Gender Monitoring Office
ICT	Information and Communication Technology
IEC	Information, Education and Communication
MIGEPROF	Ministry of Gender and Family Promotion
NCC	National Commission for Children
NWC	National Women's Council
RIB	Rwanda Investigation Bureau
RPF	Rwanda Patriotic Front
RWAMREC	Rwanda Men's Resource Centre
RWN	Rwanda Women's Network
TOT	Training of Trainers

## South Sudan

Abbreviation	Term in full
ARCSS	Agreement on the Resolution of the Conflict in the Republic of South Sudan
CPA	Comprehensive Peace Agreement
ECC	Emergency Call Centre
IMC	International Medical Corps
IRC	International Rescue Committee
MGCSW	Ministry of Gender, Child and Social Welfare
MSF	Médecins Sans Frontières
MTC	Multi-Service Training Centre
POC	Protection of Civilians
R-ARCSS	Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan
SHHS	Sudan Household Health Survey
S-MGCSW	State Ministry of Gender, Child and Social Welfare
SPLM	Sudan People's Liberation Movement

SPU	Special Protection Unit
SSWEA	South Sudan Women Entrepreneurs' Association
TOT	Training of Trainers
UNMISS	United Nations Mission in South Sudan
WASH	Water, Sanitation and Hygiene
WGFS	Women and Girls Friendly Space

# 1. Background and Purpose of the Survey

## 1.1. Gender Based Violence

Gender-Based Violence (GBV) is defined as ‘any harmful act that is perpetrated against one person’s will and that is based on socially ascribed differences between males and females’<sup>1</sup>. Victims are targeted because of their gender identity, including those who are LGBT.<sup>2</sup>

The typical forms of GBV are physical and sexual violence. Physical violence includes beating, kicking, and even murder, and sexual violence refers to acts of a sexual nature, such as rape (including marital rape), sexual abuse, sexual assault, and sexual exploitation (e.g. forced prostitution).

However, GBV takes not only physical and sexual but socioeconomic and psychological forms. Economic violence occurs when a husband deliberately does not give his wife resources for necessary expenses, denies his wife’s access to land, property, and medical treatment, or restricts her freedom to work or participate in social activities. Psychological violence is experienced when an individual is humiliated, threatened, or isolated from his or her own family or friends.

Other forms of violence exist in some societies and cultures. Harmful traditional practices violate the rights of women and girls. Female genital mutilation<sup>3</sup> (FGM), forced marriage, child marriage, dowry killing, honour killing, wife inheritance, and girl compensation, are all forms of GBV.<sup>4</sup>

Among all the forms of GBV, the most prevalent is domestic violence (DV)/intimate partner violence (IPV). ‘Worldwide, almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner’.<sup>5</sup> The fact that ‘globally, as many as 38% of all murders of women are committed by intimate partners’<sup>6</sup> while men who are murdered by their intimate partners account for 6%, indicates the impact of DV. Japan is no exception. A survey conducted in 2017 in Japan collected the responses of 5,000 men and women and found that 31.3% of female respondents had experienced DV.<sup>7</sup>

Anyone can be a target of GBV; however, the great majority of victims are women. Overall, 35% of women worldwide have experienced either physical and/or sexual violence by intimate partner or non-partner.<sup>8</sup> GBV occurs regardless of a country’s level of economic development,

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<sup>1</sup> UNHCR (2011) Action against Sexual and Gender-Based Violence: An Updated Strategy. p.6

<sup>2</sup> Lesbian, Gay, Bisexual and Transgender

<sup>3</sup> Female genital mutilation is performed not on medical basis. Part of or all of genitalia is cut off, or stitched to close the opening to vagina. Japan Association for International Health homepage: <https://seesaawiki.jp/w/jaih/d/%a5%b9%a5%b3%a5%b0%a5%de>, last accessed on 15 Mar 2019

<sup>4</sup> UNHCR (2003) Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons

<sup>5</sup> Ibid. p.2

<sup>6</sup> Ibid. p.2

<sup>7</sup> Gender Equality Bureau of the Cabinet Office (2017) Survey on violence between men and women

<sup>8</sup> World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. p.2

and individuals' ages, education levels, and social and economic statuses (Chart 1).



Chart 1: GBV in the World (Source: The World's Women 2015)<sup>9</sup>

## 1.2. Consequences of GBV

GBV often leads to a range of long-term and serious consequences such as health damage. In addition to injuries cause by physical violence, grave long-term health damage could result from sexual violence. Rape victims could be infected with HIV/AIDS or another sexually transmitted infection. The rape of minors, obstructed labour caused by teenage pregnancy, and the violation of a women through the insertion of foreign objects into her vagina – can all lead to the death of the victims. A vaginal fistula is not uncommon. A hole between the vagina and bladder or colon allows urine or faeces to leak through the vagina.

Psychological damage, such as trauma,<sup>10</sup> PTSD,<sup>11</sup> depression, and emotional instability, can negatively affect the family and social life of the victims for a long time.<sup>12</sup>

Socially, the ostracization and isolation of the victims because of the accompanying stigma<sup>13</sup>

<sup>9</sup> [https://unstats.un.org/unsd/gender/downloads/Ch6\\_VaW\\_info.pdf](https://unstats.un.org/unsd/gender/downloads/Ch6_VaW_info.pdf), last accessed on 15 Mar 2019.

<sup>10</sup> Trauma is an emotional injury. When the level of shock or stress exceeds a threshold, such shock or stress remains in the memory and affects the behaviour of the person. Japan Trauma Survivors' Union 'Terminology' <https://www.just.or.jp/?terminology=000711>, last accessed on 15 Mar 2019

<sup>11</sup> Suffering dissociation, depression, sleep disorder and addictive behaviour because of strong trauma for a long time after the episode of the trauma. Ibid.

<sup>12</sup> WHO (2012) Mental health and psychosocial support for conflict-related sexual violence: principles and interventions.

<sup>13</sup> Original meaning of stigma is 'brand.' Stigma is the wrong or baseless perception against people and groups with specific characteristics, history, etc. Stigma results in discrimination and bias against specific people and groups,

is a concern. When a GBV victim suffers a fistula or gives birth to a baby out of wedlock, in a conservative society, she may be shunned and unable to lead a normal social life.

Economic loss due to GBV is also significant. On the individual level, the household economy is affected by medical care costs, and income may be lost due to the victim's absence from work for treatment or legal procedures. On the macro level, research reveals that the economic cost of violence against women could amount to approximately 2% of the global GDP.<sup>14</sup> A survey shows that the productivity of female victims of GBV is reduced by 35% compared to that of non-victims.<sup>15</sup>

Furthermore, it must be understood that GBV causes inter-generational damage. A mother with a mental disorder caused by GBV, such as depression or PTSD, may fail to provide adequate child care. Children brought up in a violent family will experience trauma and suffer from PTSD and maladjustment that impede their physical and mental development. It is also known that such children tend to become either a perpetrator or victim of GBV when they grow up.<sup>16</sup> The children of teen mothers may remain in poverty and inherit the vulnerability of their mothers. Given its long-term physical and mental negative impacts, it is clear that GBV causes serious damage to socio-economic development of both individuals and nations.

### 1.3. Factors Leading to and Influencing GBV

The root causes of GBV are the application of rigid gender stereotypes and unequal and discriminatory relations between genders. Gender is a socially and culturally constructed sex, and is accompanied by social characteristics and roles, educational and professional opportunities attached to men and women, and social relationships between women and men. It is socially constructed; the members of a given society learn the roles and relations that exist among women and men through the socialization process, and share the social norms specifying what men and women should be and do. Policies and institutions are often formulated from the view point of men and tend to unintentionally reflect unequal gender relations. In patriarchal societies, for example, it is often accepted as normal for men to take charge of their family as the head of the household while women cannot be recognized as a household head.

Where social norms regard women as inferior and ignore women's contribution to their family and society, women have no social or economic value and are even regarded as a liability. Women

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which in turn often cause negative behaviour such as exclusion and action that disadvantage those stigmatized. Japan Association for International Health homepage: <https://seesaawiki.jp/w/jaih/d/%a5%b9%a5%b3%a5%b0%a5%de>, last accessed on 11 Mar 2019

<sup>14</sup> UN Women (2016) Remarks by UN Assistant Secretary-General and Deputy Executive Director of UN Women, Lakshmi Puri at the high-level discussion on the 'Economic Cost of Violence against Women', 21 Sep 2016. <http://www.unwomen.org/en/news/stories/2016/9/speech-by-lakshmi-puri-on-economic-costs-of-violence-against-women>, last accessed on 5 Mar 2019.

<sup>15</sup> UN Women (2012) Estimating the Costs of Domestic Violence against Women in Viet Nam

<sup>16</sup> Watanabe, A. and C. Yabunaga (2007) Study on the Influence of DV on Children and the Support System. Research Report of the Faculty of Humanity, Bunkyo University. Vol.9, No. 1, pp.295-316

are treated like possessions of the male family members and are unable to make decisions about their own body or actions. When a wife does not fulfil her obligation (e.g. she talks back to her husband, or goes out without informing him), the husband may be allowed to beat her to teach her a lesson.

Harmful traditional practices, such as forced and early marriage, come from this unequal relationship. Such relations demotivate families to keep daughters for long, and daughters are expected to do what they are told. Thus, it is normal for the head of the household to marry his daughters off for the benefit of the family.

Other factors triggering GBV include poverty and drug and alcohol abuse on the part of perpetrators. Poverty itself does not cause GBV, but the stresses and frustration of poverty can prompt GBV.<sup>17</sup> Girls from poor families may tend to be married off early for economic reasons, or they may have to walk long distances to attend school or fetch water, which could expose them to risks of sexual violence.

Further, rapid social changes (such as natural disaster, population movement, and conflict) can weaken the social bonds in communities and cause instability for the entire society. Incidence of GBV may increase because a given society is no longer able to suppress the violence.<sup>18</sup> Among the factors leading to GBV, localised conflict is the most serious and intense exacerbating factor.

#### 1.4. GBV in Conflict

During the conflict, GBV cases increase because the rapid deterioration of security and the movement of people fleeing conflict destabilize the society and induce violence. The easy access to small arms during the conflict increases the number of armed crimes, including GBV.

Conflict nurtures the perception that a strong man signifies a man with power over others, and that exerting physical power results in victory. ‘Masculinity’ that controls others becomes valued. The endorsement of aggressiveness among armed groups encourages the escalation of violence and those who do not join in on the assaults are criticized and labelled ‘sissy’. To avoid such dishonour, under peer pressure, almost all become aggressive and GBV tends to escalate.<sup>19</sup>

In the 1990s, as seen in the conflict in the former Yugoslavia, rape came to be ‘a weapon of ethnic cleansing’. Ethnic cleansing means to expel other ethnic groups by force and intimidation to expand the aggressor group’s own territory.<sup>20</sup> Raping women and girls of the opposing side dishonour and demoralize them. Children born of rape belong to the perpetrator; this can also lead

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<sup>17</sup> Voices 4 Change (2016) Masculinities, Conflict and Violence

<sup>18</sup> There is a report on intensified violence against women and children after natural disasters in Japan as well. Tohoku Earthquake Women Support Network (2015) Tohoku Earthquake: A Report on Violence against Women and Children during and after the Disaster.

<sup>19</sup> Mechanic, E. (2004) Why Gender Still Matters: Sexual Violence and the Need to Confront Militarized Masculinity: A Case Study of the Conflict in the Democratic Republic of Congo. Partnership Africa Canada.

<sup>20</sup> UN Office on Genocide Prevention and the Responsibility to Protect.  
<http://www.un.org/en/genocideprevention/ethnic-cleansing.shtml>, last accessed on 6 Mar 2019

to ethnic cleansing.<sup>21</sup>

Conflicts force a large number of people to flee their home as refugees or IDPs. Most refugees and IDPs are often women and children. When fleeing in panic, they are at risk of robbery, rape, and abduction by armed groups. Even refugee camps and IDP camps are not always safe. It is difficult to keep oneself safe in a tent without a solid structure or keys. Women are often assaulted when they leave the camp to collect firewood and fetch water. Some may resort to survival sex to obtain food or protection. Further, men tend to exert violence when they feel stressed, powerless, and frustrated because they cannot fulfil their roles as men.<sup>22</sup> Humanitarian organizations managing camps try to ensure the safety of their inhabitants by putting up lightings but GBV within and outside of the camps cannot be ended.<sup>23</sup>

Moreover, even when a conflict ends, its negative legacy does not immediately disappear. Small arms are easily available until the disarmament is complete. The perception of masculinity and the admiration for a strong man do not change quickly. This causes men to feel frustrated with their inability to protect their family.<sup>24</sup> They may further feel that their value and position are threatened when women become independent as a result of the transformation in gender roles that occurred during the conflict, and will then become aggressive towards their female family members.<sup>25,26</sup>

### 1.5. International Responses to GBV

It is in 1990s when violence against women began drawing global attention. The systematic rape committed in former Yugoslav was strongly criticized and the World Conference on Human Rights in 1993 and the 4<sup>th</sup> World Conference on Women in 1995 recognized violence against women as a serious problem. The Rome Statute of the International Criminal Court, adopted in 1998, established the illegality of GBV during conflict, stipulating that sexual violence, such as systematic rape, is a crime against humanity.<sup>27</sup>

In 2000, the UN Security Council Resolution (UNSCR)1325 was adopted, which exerts influence over many countries. The UNSCR 1325 is the first UN Security Council Resolution to link women's experience of conflict and peace and security and require the protection of women

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<sup>21</sup> Horiuchi, M. (2012) Conflict and GBV (VAW) in the UN Policies. International Women. No. 26

<sup>22</sup> WHO Violence and Injury Prevention: [http://www.dronet.org/lineguida/ligu\\_pdf/women\\_vi.pdf](http://www.dronet.org/lineguida/ligu_pdf/women_vi.pdf), last accessed on 16 Mar 2019

<sup>23</sup> Danish Refugee Council (2012) A Sexual and Gender-Based Violence Rapid Assessment: Doro Refugee Camp, Upper Nile State, South Sudan. July 2012.

<sup>24</sup> Ibid.

<sup>25</sup> Hogwood, J., C. Auerbach, S. Munderere and E. Kambibi (2014) Rebuilding the social fabric: community counselling groups for Rwandan women with children born as a result of genocide rape. *Intervention* 2014, Vol 12, No. 3. pp.393-404; OECD (2013) *Gender and Statebuilding in Fragile and Conflict Affected States*. p.19

<sup>26</sup> In 2004, UNHCR and WFP in Adjumani district of Uganda changed the refugee registration procedure so that women can be registered as household head. Women came to take control of the household, which led to disappearance, suicide and GBV of men who have lost their role as a breadwinner. Interview with TPO (5 Feb 2019)

<sup>27</sup> International Criminal Court (1998) Rome Statute, Article 7, 1. Crime against humanity, (g)

from GBV and the end of impunity, as well as women's participation in the peace and security process.<sup>28</sup> By 2018, 79 UN member states launched national action plans to implement the UNSCR 1325.<sup>29</sup> The UNSCR 1820 (2008), 1888 (2009), 1889 (2009), 1960 (2010), 2106 (2013), and 2122 (2013) followed to enhance the structure and environment in which the UNSCR 1325 would be implemented. The UNSCR 1820 stipulates that GBV is a crime against humanity and requires armed groups to stop committing acts of GBV. The UNSCR 1888 established the post of Special Representative of Secretary General on Sexual Violence in Conflict and requires that Peace Keeping Operation (PKO) missions have female protection officers. The UNSCR 2106 clarifies the responsibility of states related to sexual violence and women's economic empowerment.<sup>30</sup>

Other major international engagements include 'The Global Summit to End Sexual Violence in Conflict' held in London in 2014. This was the first world summit which placed sexual violence at the centre. It discussed methods of prevention and response to sexual violence, such as prosecution, victim protection, and international cooperation.<sup>31</sup> At the conclusion of the conference, the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict was launched, which demonstrated the commitment of each government.

The World Humanitarian Summit was held in May 2016 to discuss more efficient and effective methods of humanitarian assistance to save as many lives as possible. The Secretary General of the UN reported that it is critical to empower women and girls and end GBV so that no one is left behind.<sup>32</sup>

Further, in April 2017, the G7 Foreign Ministers' Meeting launched 'The G7 Women, Peace and Security Partnership Initiative' to promote an agenda centred on women, peace, and security among G7 and partner countries. The G7 member states will partner with conflict-affected countries to realize peace and security by supporting work focused on women, peace, security, and the implementation of UNSCR 1325.<sup>33</sup> The initiative started bringing results such as the Japanese government decision in March 2019 to provide a grant aid worth USD 500,000 to promote women's economic empowerment, with particular attention to vulnerable women, under this partnership framework.<sup>34</sup>

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<sup>28</sup> UN Women (n.d.) Security Council Resolutions on Women and Peace and Security

<sup>29</sup> Peace Women: <http://www.peacewomen.org/member-states>, last accessed on 28 Feb 2019.

<sup>30</sup> UNSCR 1889 and 1960 set out strengthening of implementation mechanism such as reporting. UN Women (n.d.) Security Council Resolutions on Women and Peace and Security

<sup>31</sup> <https://www.gov.uk/government/topical-events/sexual-violence-in-conflict>, last accessed on 31 Mar 2019.

<sup>32</sup> The Summit was attended by more than 9,000 people from 173 countries and generated more than 3,000 commitments to action. OCHA: <https://www.agendaforhumanity.org/summits>, last accessed on 8 Mar 2019; <https://www.mofa.go.jp/mofaj/press/pr/wakaru/topics/vol147/index.html>, last accessed on 31 Mar 2019.

<sup>33</sup> Partner countries of the member countries of G7 and EU: Japan and Sri Lanka, France and Islamic Republic of Mauritania, US and Colombia, UK and Nigeria, Germany and Namibia, Italy and Libya, Canada and Republic of Cote d'Ivoire, EU and Bosnia and Herzegovina; <https://g7.gc.ca/wp-content/uploads/2018/06/TheG7WomenPeaceAndSecurity.pdf>, last accessed on 28 Feb 2019.

<sup>34</sup> [https://www.lk.emb-japan.go.jp/itpr\\_en/00\\_000765.html](https://www.lk.emb-japan.go.jp/itpr_en/00_000765.html), last accessed on 11 Apr 2019



## 1.6. Regional responses to end GBV in Africa

In the African continent, the African Union (AU) adopted the Protocol to the African Charter on Human and People's Rights on the Rights on Women in Africa in 2003<sup>35</sup> and the Solemn Declaration of Gender Equality in Africa in 2004. These instruments established women's right to peace and security.<sup>36</sup> The Protocol has been adopted by 40 out of 50 African Union member states. States parties are obliged to submit periodical reports according to the African Charter on Human and People's Rights.

The AU also established the Commission on Women, Peace, and Security. Its Women, Peace, and Security programmes (2015–2020) support member states in mainstreaming a gender perspective related to peace and security.<sup>37</sup> It provides technical and financial support to conflict-affected countries such as South Sudan to develop economic policy that includes the perspective of gender, promotes women's participation in peace processes, and builds regional networks.<sup>38</sup>

The East African Community (EAC) and International Conference on the Great Lakes Region (ICGLR), of which Uganda, Rwanda, and South Sudan are the member countries, has its own gender policies (the EAC Gender Equality and Development Bill<sup>39</sup> and Protocol on the Prevention and Suppression of Sexual Violence against Women and Children of ICGLR<sup>40</sup>) to end GBV. The Inter-Governmental Authority on Development<sup>41</sup> (IGAD) launched a regional action plan to implement UNSCR 1325 and 1820.<sup>42</sup> However, the slow pace of progress related to their implementation at the national level has been a concern.<sup>43</sup>

## 1.7. Responses of the Japanese Government to end GBV

The Japanese government has also stressed the importance of gender equality on various occasions, as indicated in the addresses by the Prime Minister at the General Assembly of the United Nations in 2013 and 2014,<sup>44</sup> and the 'Development Cooperation Charter' in 2015.<sup>45</sup> In May 2016, based on the 'Development Cooperation Charter', the 'Development Strategy for Gender Equality and Women's Empowerment' was formulated to contribute to the stability and

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<sup>35</sup> The protocol sets the marriageable age at 18 years.

<sup>36</sup> Nonetheless, it stops short of defining strategic rape as a weapon of war. See Langeveldt, V. (2014) The African Union's Response to Gender-based Violence. Policy Brief Number 15. The Institute for Justice and Reconciliation.

<sup>37</sup> <https://au.int/en/wgd>, last accessed on 28 Feb 2019.

<sup>38</sup> African Union Commission (2016) Implementation of the Women, Peace and Security Agenda in Africa

<sup>39</sup> <http://eacsof.net/EACSOFF/wp-content/uploads/2017/05/EA-Policy-brief-copy.pdf>, last accessed on 8 Mar 2019.

<sup>40</sup> <http://evaw-global-database.unwomen.org/en/countries/africa/rwanda/2004/international-conference-on-the-great-lakes>, last accessed on 28 Feb 2019.

<sup>41</sup> Among the target countries of this survey, Uganda and South Sudan are IGAD member countries.

<sup>42</sup> IGAD (2013) Running with the Baton!: Regional Action Plan for Implementation of United Nations Security Council Resolutions 1325 (2000) and 1820 (2008)

<sup>43</sup> IJR (2014) The African Unions Response to Gender-based Violence; African Union Commission (2016) African Union Commission, the 2016 Gender Scorecard: 'Women's Rights in Africa. Where Does the Continent Stand?'

<sup>44</sup> [http://www.kantei.go.jp/jp/96\\_abe/statement/2013/26generaldebate.html](http://www.kantei.go.jp/jp/96_abe/statement/2013/26generaldebate.html), last accessed on 28 Feb 2019.

<sup>45</sup> [http://www.kantei.go.jp/jp/96\\_abe/statement/2014/0925enzetsu.html](http://www.kantei.go.jp/jp/96_abe/statement/2014/0925enzetsu.html), last accessed on 28 Feb 2019.

<sup>45</sup> <https://www.mofa.go.jp/mofaj/gaiko/oda/files/000072774.pdf>, last accessed on 28 Feb 2019.

prosperity of the international community through the promotion of women's empowerment.<sup>46</sup> The strategy commits to support efforts by developing countries to eliminate all forms of discrimination and violence against women and girls under the basic principle of the promotion of women's and girls' rights. Mr. Kishi, then Deputy Minister for Foreign Affairs, emphasized in his speech at the Global Summit to End Sexual Violence in Conflict in London that it is important to end the culture of impunity and prevent the use of rape and other forms of sexual violence as weapons of war.<sup>47</sup> The Japanese government launched its action plan for implementation of UNSCR 1325 in 2015 for GBV response, prevention and resolution of conflict, and peacebuilding. In 2018, at a high-level Action for Peacekeeping event, Mr. Kono, the Minister for Foreign Affairs, emphasized the importance of increasing the participation of women in peacekeeping.<sup>48</sup>

In its Medium-term Plan for achieving its 4<sup>th</sup> Medium-term Objectives (2017–2021), Japan International Cooperation Agency (JICA) also states that it will promote women's participation in conflict prevention and the resolution process as well as disaster recovery and prevention projects. It will also support the promotion of women's protection, rights, and specific needs in conflict. Thereby, JICA will contribute to the implementation of Japan's national action plan on UNSCR 1325 and related resolutions.<sup>49</sup>

In addition, since 2015, JICA has served as a member of the working group tasked with monitoring the action plan. It has provided input regarding JICA's achievements in conflict and disaster related projects for the Japanese government's annual report on the progress of the national action plan on UNSCR 1325.<sup>50</sup>

More specifically, JICA has played its part by providing support in the areas of human trafficking, supporting women in conflict-affected areas, ensuring police training for victim protection and prosecution to end GBV and promote the women, peace, and security agenda. However, JICA's support related to victim protection and assistance for their recovery, self-reliance, and social integration has still been limited. There is a pressing need to expand the scale and improve the quality of the work to eliminate GBV.

## 1.8. Outline of the Survey and its Analytical Framework

This Survey was conducted with the aim of developing directions and ideas for new JICA interventions related to GBV. The target countries were selected from among African countries, given that the 7<sup>th</sup> Tokyo International Conference on African Development is slated for 2019. The reasons for selecting Uganda, Rwanda, and South Sudan are as follows: 1) these countries have

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<sup>46</sup> <https://www.mofa.go.jp/mofaj/files/000158137.pdf>, last accessed on 11 Mar 2019.

<sup>47</sup> [https://www.mofa.go.jp/mofaj/fp/hr\\_ha/page18\\_000320.html](https://www.mofa.go.jp/mofaj/fp/hr_ha/page18_000320.html), last accessed on 28 Feb 2019.

<sup>48</sup> <https://www.mofa.go.jp/mofaj/files/000402508.pdf>, last accessed on 11 Mar 2019.

<sup>49</sup> [https://www.jica.go.jp/english/about/organization/c8h0vm000000ks38-att/medium\\_term\\_plan.pdf](https://www.jica.go.jp/english/about/organization/c8h0vm000000ks38-att/medium_term_plan.pdf), last accessed on 23 Mar 2019.

<sup>50</sup> [https://www.jica.go.jp/activities/issues/gender/annual\\_reports/ku57pq00002hdtml-att/annual\\_report\\_2016.pdf](https://www.jica.go.jp/activities/issues/gender/annual_reports/ku57pq00002hdtml-att/annual_report_2016.pdf), last accessed on 11 Mar 2019.

suffered significantly from GBV and conflict and have a strong need for assistance, 2) Uganda and Rwanda intend to work on GBV issues within CRRF (see section 1.9. for more on CRRF), 3) South Sudan has been actively working on gender mainstreaming with the support of the JICA South Sudan Office. Thus, JICA can build on the experiences, achievements, and positive relationship with the Ministry of Gender, Child, and Social Welfare of South Sudan, 4) English is the medium of communication.

The Survey examined (1) strategies and action plans to eliminate GBV and support women and security, (2) situation and issues related to GBV confronted by refugees and host communities of the target countries, (3) current situation and challenges of the government’s responses, including policies and mechanisms, and (4) GBV responses of donors, international organizations, and NGOs. Based on the results, the study presents (5) actions JICA can take to end GBV.

To analyse the survey results, the following framework is used. The framework comprises: (1) prevention, (2) protection, (3) prosecution, and (4) self-reliance and social integration (see Chart 2) to identify the challenges each country faces and the type of assistance that is lacking. This framework has been developed based on the so-called ‘3Ps’ used in initiatives to combat human trafficking.

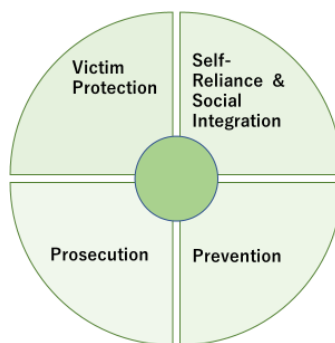


Chart 2: GBV Support Framework  
Source: prepared by the survey team

The ‘3Ps’ for combating human trafficking stand for prevention, protection, and prosecution. They are based on the classifications provided in the Palermo Protocol<sup>51</sup> (2000) and the Trafficking Victims Protection Act 2000 of the United States. These were used for analysis in the UN Global Plan of Action to Combat Trafficking in Persons in 2010<sup>52</sup> and are widely used as an anti-human trafficking framework. ‘Prevention’ denotes the establishment and implementation of comprehensive policies, the raising of awareness, and taking measures for prevention. ‘Protection’

<sup>51</sup> Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime

<sup>52</sup> IOM (2016) Combating Trafficking in Persons and Contemporary Forms of Slavery. IOM Global Compact Thematic Paper.

means assistance for victims from the time of their rescue until their social reintegration. ‘Prosecution’ is investigation, arrest, and punishment rendered by the law enforcement and justice sector. These three, along with ‘Partnership’ or ‘Policy’, create the ‘4Ps’; however, because the latter two concepts do not pertain to direct assistance to victims, neither is included in the analytical framework used in this report.

The analytical framework of this study comprises the 3Ps mentioned above as well as ‘self-reliance and social integration’. Assistance to GBV victims, especially in the case of physical and sexual violence, include emergency medical treatment and forensic examination, as well as prevention of pregnancy and HIV/AIDS infection. These initial emergency responses are different from the provision of assistance (including economic activities) during the period between recovery and social integration in terms of their contents, nature, and the specialization of the service providers. Therefore, these two are set as distinct components of assistance and the four aspects mentioned above, that is, prevention, protection, prosecution, and self-reliance and social reintegration form the analytical framework of this survey.

### 1.9. Overview of the Three Target Countries

This section presents an overview of the three countries by examining socio-economic indicators (Table 1).

Table 1: Basic Information on the Socio-Economic Status of the Three Target Countries

Data	Uganda	Rwanda	South Sudan	Comparison
GNI per capita (Data years: Uganda and Rwanda 2017, South Sudan 2016) <sup>a</sup>	600 USD	720 USD	390 USD <sup>53</sup>	World average 10,371 USD
Fragile States Index 2018 <sup>b</sup>	Rank: 24/178	Rank: 34/178	Rank: 1/178	
Global Peace Index 2018 <sup>c</sup>	Rank: 107/163 Level: Medium	Rank: 103/163 Level: Medium	Rank: 161/163 Level: Very Low	
Women Peace and Security Index 2017-2018 <sup>d</sup>	Rank: 100/153	Rank: 94/153	Not ranked	
Human Development Index 2018 <sup>e</sup>	Rank: 162/189	Rank: 158/189	Rank: 187/189	
Gender Development Index 2017 (Global: 0.941) <sup>f</sup>	0.865	0.941	0.826	World average 0.941
Gender Gap Index 2018 <sup>g</sup>	Rank: 43/149	Rank: 6/149	n.a.	
Social Institutions and Gender Index 2019 <sup>h</sup>	45.1% (High)	27.6% (Low)	n.a.	

<sup>53</sup> GNI per capita of South Sudan was reduced from 1,100 USD in 2013, 1,190 USD in 2014 and 1,020 USD in 2015 due to rapid depreciation.

Literacy rates (Data years: Uganda 2012, Rwanda 2014 and South Sudan 2008) <sup>e</sup>	Female : 81.7%	Female : 83.5%	Female : 29.6%	Female : 65.6 %
	Male : 85.8%	Male : 81.1%	Male : 44.1%	Male : 76.5 %
Labour force participation rate (% ages 15 and older) <sup>e</sup>	Female : 66.6%	Female : 86.0%	Female : 19.2%	Female : 65.2%
	Male: 74.9%	Male: 86.3%	Male : 34.8%	Male : 74.0%
Maternal mortality rates (per 100,000 live births) <sup>i</sup>	343 persons	290 persons	789 persons	549 persons
HIV prevalence, adult (% ages 15-49) <sup>e</sup>	6.5%	3.1%	2.7%	4.5%
Violence against women ever experienced, intimate partner (% of female population ages 15 and older) <sup>e, j</sup>	49.9%	34.4%	65%	30% (WHO 2013)
Child marriage, women married by age 18 (% of women ages 20–24 years who are married or in union) <sup>e</sup>	40%	7%	52%	South Sudan is the worst 5h and Uganda worst 17th
Adolescent birth rate (number of births to women ages 15-19 per 1,000 women ages 15-19) <sup>e</sup>	106.5	25.7	62.0	Sub-Saharan Africa (average) 101.3

Source: a: World Bank Open Data  
b: The Fund for Peace  
c: Institute for Economics and Peace  
d: Georgetown Institute for Women, Peace and Security  
e: HDI 2018  
f: HDI 2017  
g: World Economic Forum  
h: OECD  
i: WHO 2015  
j: UNICEF 2018 (South Sudan)

The indicators reflect that Rwanda's development is advanced compared to that of the others, followed by Uganda. The Gender Gap Index<sup>54</sup> presents a stark contrast: Rwanda is ranked 6th out of 149 countries while Uganda is ranked 43rd. Among the four indicators of education, health, economic participation, and political empowerment, Rwanda has high scores in economic participation and political empowerment, which makes it sixth in the world.

With regard to the seriousness of the violence in these three countries, in comparison with the world and African averages, the number of women who have experienced violence from a partner is 49.9% in Uganda, 34.4% in Rwanda, and 65% in South Sudan. All figures are higher than the average in Sub-Saharan Africa and that of the low human development group countries. Given that the average in South Asia is 32% and that in Europe and Central Asia is 26.3%, it can be safely stated that the levels of DV in these three countries are high when compared to the world standard. Among them, South Sudan has a considerably high percentage of women who have experienced violence. Regarding child marriage, Uganda and South Sudan have high incidence

<sup>54</sup> World Economic Forum (2018) The Global Gender Gap Report

rates<sup>55</sup> and are ranked 17<sup>th</sup> and 5<sup>th</sup>, respectively, among those countries in which child marriage occurs.<sup>56</sup>

Regarding the ratification status of conventions related to the rights of women and children (Table 2), Uganda and Rwanda ratified or signed them at relatively early stages while South Sudan has not ratified some major international legal instruments.

Table 2: Status of Ratification of International Conventions

	Uganda	Rwanda	South Sudan
<b>International Agreement</b>			
Convention on Elimination of All Forms of Discrimination Against Women	1985	1981	2015
Palermo Protocol	2000 signed	2003	n.a.
The UN Convention on the Rights of the Child	1990	1991	2015
Rome Statute, International Criminal Court <sup>57</sup>	2002	n.a.	n.a.
<b>African Union</b>			
African Charter on Human and Peoples' Rights	1986	1983	n.a.
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)	2010	2004	2013 signed
The African Charter on the Rights and Welfare of the Child	1994	2001	n.a.
<b>UNSCR 1325 Implementation</b>			
Adoption of National Action Plan	2008	2009	2015

Source: Websites of AU and UNHCR

Both Uganda and Rwanda have open policies towards refugees and recognize their rights regarding the freedom of movement and freedom to work and they are part of the 15 roll-out countries of the CRRF. The CRRF was developed based on the New York Declaration in September 2016, which aimed for comprehensive solutions related to issues such as reducing the burden on host communities, and the self-reliance of refugees.<sup>58</sup> The survey also examined how GBV is addressed under such a refugee support framework.

<sup>55</sup> UNDP (2018) Human Development Indices and Indicators 2018, South Sudan is UNICEF South Sudan (2018) Gender Based Violence. Briefing Note. August 2018.

<sup>56</sup> Girls Not Brides: <https://www.girlsnotbrides.org/where-does-it-happen/atlas/#/>, last accessed on 12 Mar 2019.

<sup>57</sup> Uganda is the only state that is party to the Rome Statute of International Criminal Court (ICC) among the three countries. Rwanda is critical of the ICC and has not ratified the statute which stipulates that sexual violence, such as systematic rape, is a crime against humanity.

<sup>58</sup> To that end, four approaches were employed: (1) the involvement of multiple stakeholders, (2) innovative humanitarian assistance (cooperation with the private sector, new funding schemes), (3) comprehensive approaches (humanitarian development nexus), and (4) planning for long-term solutions (responsibilities of countries of origin, receiving and third countries, and international community support). The experiences in CRRF have informed the Global Compact on Refugees, thereby guiding the international community's support for refugees, which was adopted by the UN National Assembly in December 2018. <http://www.globalcrrf.org/>, <https://www.unhcr.org/jp/global-compact-on-refugees>, last accessed on 6 Mar 2019.

## 2. Survey Result: Uganda

### 2.1. Conflicts in the Northern Uganda

The power struggle among ethnic groups originated from the colonial era kept the north and south of Uganda divided, and led to the conflict in the 1980s in Northern Uganda. The era that followed the country's independence in 1962 was dominated by the chaotic rule of Amin (1971–79) and Obote (1980–85). In 1986, Museveni took power and the country gradually gained stability.<sup>59</sup> However, the armed force of Museveni continued exclusion of Northern Uganda and fighting by the rebel forces such as the Lord's Resistance Army started.

The LRA employed guerrilla tactics to attack Northern Uganda because the LRA was not able to obtain support of Acholi people living in Northern Uganda. The LRA is known for its cruel tactics of murder, looting, rape, and the abduction of children in which they are forced to participate in the killing and endure other hardships such as sex and labour slavery. By 2006, it is said that as many as 25,000 children had been abducted.<sup>60</sup> The government of Uganda forced some two million people (80% of which were women and children<sup>61</sup>) to live in IDP camps where people lived hard life with low hygiene level and limited economic activities. It is said that the IDPs suffered violence and discrimination by the government army.<sup>62</sup>

In 2006, when the peace negotiations between the government and the LRA commenced, the attacks on communities by the LRA began declining and people gradually moved back to their villages. However, the development of infrastructure for life support services in the northern region lagged significantly behind that of other areas and it was hard to rebuild their lives.<sup>63</sup> People in the north still suffer physical disabilities and trauma from the war.

### 2.2. GBV in Uganda

#### 2.2.1. GBV in Northern Uganda during the Conflict

During the conflict, the communities in Northern Uganda suffered extreme sexual and physical violence by the insurgents, through abduction of children, indiscriminate mutilation and murders. Abducted boys were forced to fight along with the insurgents and girls experienced sexual violence as sex slaves or wives given to soldiers. Some girls gave birth to babies and had to raise

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<sup>59</sup> CIA, the World Factbook, <https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html>, last accessed on 25 Mar 2019.

<sup>60</sup> USAID (2006) Situational Report #3: Uganda-Complex Emergency

<sup>61</sup> Many from Gulu, Kitgum, Pader districts moved to IDP camps in Lira, Gulu, Pader, Kitgum, Apac, Keberamaido, Katakwi, Amuria and Soroti districts. There were also more than 100,000 IDPs in Masindi and Adjumani districts. UNHCR (2006) Supplementary Appeal for Uganda: Protection and assistance to internally displaced persons in Northern Uganda

<sup>62</sup> Africa Japan Forum (n.d.) African Conflict Task Force Fact Sheet Vol.2: Civil war in Northern Uganda

<sup>63</sup> JICA (2012) Report on the Preparatory Study for the Project for Rebuilding Community for Promoting Return and Resettlement of Internally Displaced Persons in Acholi Sub-Region in Northern Uganda.

them in a bush.<sup>64</sup>

GBV was also a serious problem in IDP camps established in Northern Uganda. In 2004, a study was conducted in an IDP camp in Gulu District to assess the situation related to GBV. Gulu Central Police Station statistics in 2004 show that from January to August, there were eight rape cases and 95 cases of sexual intercourse with minors. While these numbers are not small, the number of cases related to GBV was likely much higher. The results of the focus group discussions suggested that GBV happened daily to at least one person from the neighbourhood, a friend, or even one's own family members; at least one GBV case was brought to the Local Council every day.<sup>65</sup>

DV was especially prevalent; according to the report, six out of 10 women were physically, sexually, and mentally assaulted and abused by men in their family. It is reported that a female interviewee in her 20s said that her husband beat her daily when he was drunk.<sup>66,67</sup> Although leaving the camp for farm work and firewood was risky for women, they had to do so to survive. According to the study, a young woman in her 20s expressed that instead of being beaten to death, it was better to give in; after all it is part of normal life for them.<sup>68</sup>

### 2.2.2. Current Situation of GBV in Northern Uganda after the conflict

Even after the war, many people continue to suffer GBV. The difficulty of the girls who were abducted is overwhelming. They lived and fought alongside the LRA, and then came back with babies who had been born in the bush. Their families and communities often did not accept them. Their children, who were fathered by LRA soldiers, are cast out of society. In the traditional patriarchal community, access to land is determined based on one's paternal lineage; this type of access is therefore denied when the father is not known because of a woman's rape by multiple men. Discriminated against and impoverished, such young women and girls must lead a tough life without support and protection, suffering trauma and stigma.<sup>69</sup> A doctor who has been helping the war victims in Lira district said, 'These girls, after coming back from the bush, still face their stigma and rejection from the community. They have no skills and resources. We have to have a strategy to incorporate these girls and children into the society.'<sup>70</sup>

At present, Northern Uganda has higher GBV incidence rates than other parts of the country. According to the Annual Report of the Uganda Police, the defilement rates are higher in Gulu (the

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<sup>64</sup> ACF (n.d.) Lessons from Northern Uganda in Addressing Gender Based Violence

<sup>65</sup> Okot, A.C., I. Amony and G. Otim (2005) *Suffering in Silence: A Study of Sexual and Gender Based Violence (SGBV) In Pabbo Camp, Gulu district, Northern Uganda*

<sup>66</sup> Ibid.

<sup>67</sup> Many men abused alcohol as they grew increasingly weary of the dullness of camp life. (Interview with SCDO of Lira district (31 Jan 2019))

<sup>68</sup> Okot, A.C., I. Amony and G. Otim (2005) *Suffering in Silence: A Study of Sexual and Gender Based Violence (SGBV) In Pabbo Camp, Gulu district, Northern Uganda*

<sup>69</sup> Murunbi, K.B. (2011) *Bearing Witness: Girl Mothers of Gulu district. A FIDA-Uganda Publication.*

<sup>70</sup> Interview with AHS (31 Jan 2019)

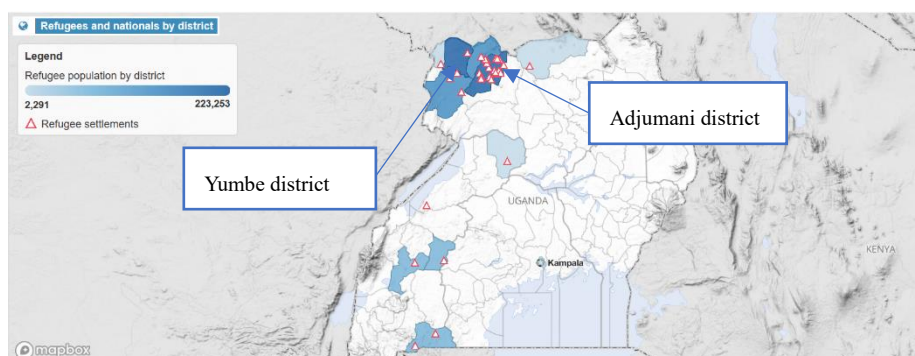


3<sup>rd</sup> highest) and Lira districts (the highest), which were affected by the war.<sup>71</sup> The data obtained from the Gulu district reveal that there were 3,826 GBV cases from January to November 2015 involving 3,238 female victims. Because the female population of Gulu district in 2014 was 141,042, this means that about one out of 44 women reported an incidence of GBV to the police within the time span of 11 months.<sup>72</sup> There are many cases involving children; 70% of the victims in defilement cases reported to the police were below the age of 13 years old.<sup>73</sup>

Northern Uganda also has the highest rates of early marriage in Uganda. The percentage of those who were married before the age of 18 in Northern Uganda is estimated at 59%.<sup>74</sup> That traditional gender roles in Northern Uganda keeps girls away from school and leaves them with only one choice to get married is said to be a factor leading to high rates of child marriage.<sup>75</sup>

### 2.2.3. GBV suffered by South Sudanese refugees in the West Nile Region and Northern Uganda

At present, about 1,200,000 refugees live in Uganda, of which about 800,000 are from South Sudan (as of 31 January 2019). South Sudanese refugees live mostly in the West Nile and the Northern Uganda region such as the Yumbe district of the West Nile (about 220,000 people) and the Adjumani district of Northern Uganda (about 200,000 people), the home to the majority of South Sudanese refugees (Map 4).<sup>76</sup>



Map 4: Refugee Settlements Concentrated in the West Nile and the Northern Region of Uganda

Source: UNHCR Refugee Portal<sup>77</sup>

<sup>71</sup> Uganda Police (2017) Annual Crime Report. There were 149,985 cases of defilement. The cases in Lira district had the highest number of 389 in the country, followed by Gulu ranked the worst three with 286 cases.

<sup>72</sup> Based on the data obtained from Senior Community Development Officer.

<sup>73</sup> GWED-G, an NGO based in Gulu district, supported a case of a 14-year-old girl who was raped by a high-ranking police official and became pregnant. A midwife tried to abort the baby using an iron stick, and the girl fell ill and was in critical condition. The representative of the NGO was giving instructions for money to be sent to the girl over the phone. Interview with GWED-G (1 Feb 2019)

<sup>74</sup> Government of Uganda (2015) The National Strategy to End Child Marriage and Teenage Pregnancy 2014/2015-2019/2020. p.17

<sup>75</sup> <https://www.globalpartnership.org/blog/fighting-girls-education-northern-uganda>, last accessed on 11 Apr 2019

<sup>76</sup> <https://data2.unhcr.org/en/situations/southsudan/location/1925>, last accessed on 8 Feb 2019.

<sup>77</sup> <https://data2.unhcr.org/en/country/uga>, last accessed on 28 Feb 2019

GBV, especially DV is a serious issue among the refugees residing in Uganda as well. In the Adjumani district of the West Nile Region and the Lamwo district in Northern Uganda, 166 GBV cases were reported in 2018.<sup>78</sup> In the refugee settlements in 13 districts of Uganda, most of the reported GBV cases<sup>79</sup> were DV cases committed by a husband or intimate partner.<sup>80</sup> In addition, increase in early marriage is reported among South Sudanese refugees living in the West Nile Region and Northern Uganda. Child marriage is prevalent in South Sudan even in normal times, but poverty and insecurity further urge parents to marry daughters off for the bride price.<sup>81</sup>

#### 2.2.4. GBV situation in Uganda

In Uganda, many women suffer physical and sexual violence. The Uganda Demographic and Health Survey (DHS) reveals that 56% of women aged 15 to 49 have experienced physical or sexual violence at the hand of their intimate partners.<sup>82,83</sup> The percentage of child marriage for Uganda is also high; among women between the age of 20 and 24 in Uganda, 40% were married for the first time before the age of 18.<sup>84</sup> Early marriage is a serious issue in Uganda and the government developed a national strategy to end child marriage.

It has become clear that GBV causes significant economic losses for the Ugandan economy. The UN Resident Coordinator of the UN in Uganda announced that the management of violence against women and girls costs about 2.3 billion yen per year (77.5 billion Ugandan shilling), for expenses and profit losses (e.g. medical expenses paid by victims, their lost incomes, and governmental expenses for GBV prevention and response). This confirms the scale of the violence in Uganda.<sup>85</sup>

### 2.3. Response of the Government

#### 2.3.1. Laws and Policies related to GBV

Uganda has a comprehensive set of laws and policies related to GBV. Table 3 shows the major relevant laws and policies. The GBV policy has been developed but not approved yet.<sup>86</sup>

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<sup>78</sup> Interview with UNHCR Adjumani Sub-Office (5 Feb 2019)

<sup>79</sup> 5,359 GBV cases reported in refugee settlements in 13 districts in 2018. Interview with UNHCR (8 Feb 2019).

<sup>80</sup> <https://data2.unhcr.org/en/documents/download/67631>, last accessed on 20 Mar 2019.

<sup>81</sup> Interview with UNICEF (29 Jan 2019)

<sup>82</sup> A total of 34% of women suffer physical violence, 18% suffer both physical and sexual violence, and 5% suffer only sexual violence only. Men suffer predominantly physical violence. Those who suffer only physical violence comprises 45%, 2% suffer sexual violence only, and 6% suffer both. Uganda Bureau of Statistics (2018) Uganda Demographic Health Survey 2016

<sup>83</sup> Incidents of DV increase during the harvest season when people have money because the husband and wife may not agree on how to use the funds they have earned. (Source: Interview with SCDO of Lira district (31 Jan 2019), interview with Lira Regional Referral Hospital (31 Jan 2019), interview with Gulu Women's Resource Centre (4 Feb 2019))

<sup>84</sup> UNICEF Data: <https://data.unicef.org/topic/child-protection/child-marriage/> (based on Uganda DHS 2011)

<sup>85</sup> Soft Power News (30 Jan 2019) Gender Based Violence Costs Uganda Shs 77.5 Bn Annually – UN Rep. <https://www.softpower.ug/gender-based-violence-costs-uganda-shs-775bn-annually-un-rep/>, last accessed on 5 Mar 2019; <https://twitter.com/UNinUganda>, last accessed on 11 Mar 2019.

<sup>86</sup> E-mail communication with MGLSD (11 Feb 2019)

Table 3: GBV Related Laws and Policies

Name of Laws and Policies	Notes
Penal Code	Art. 123 of Ch. 120 stipulates crimes of rape
National Employment Policy 2006	Prohibition of sexual harassment
National Development Plan II 2019–2020	Art. 258 states that GBV is an issue on human rights, public health, and economy
Uganda Gender Policy 2007	Framework for planning, implementation and evaluation in order to realize gender equality and women’s empowerment. GBV prevention and response are one of the priorities.
National action Plan on Women 2006–2010	Action plan for (1) Legal and policy framework and leadership, (2) women’s economic empowerment, (3) reproductive health, rights and obligations, (4) girls’ education, (5) peacebuilding and conflict resolution, and freedom from violence <sup>87</sup>
Domestic Violence Act 2010	Definition of DV and procedures; it states that consent of the victim cannot be used for defence.
Domestic Violence Regulations 2011	Sets out procedures for reporting.
Prohibition of Female Genital Mutilation Act 2010	Prohibition of FGM on any cultural and religious bases.
National Strategy to End Child Marriage and Teenage Pregnancy 2014/2015–2019/2020	Situational analysis of child marriage and teenage pregnancy and strategic plan to end child marriage.
National Action Plan on UN SCR 1325, 1820 and the Goma Declaration 2008	Protection of women from violence, promotion of women’s participation in conflict prevention and resolution, and peacebuilding.
Anti-Pornography Act 2014	Setting up of a coordination committee, list of prohibited acts.
The Prevention of Trafficking in Persons Act 2009	Definition of human trafficking, punishment (maximum 15 years)

Source: prepared by the author based on the information in legal documents, UN Women Global Database on VAW<sup>88</sup>

The government has developed practical guidelines related to GBV such as ‘The Referral Pathway for Response to Gender Based Violence Cases in Uganda (2013)’, ‘Guidelines for Establishment and Management of GBV Shelters in Uganda (2013)’, ‘Guidelines for Prevention and Response to Female Genital Mutilation (2012)’, ‘Introduction to Psychosocial Care and Support Training Manual, MGLSD and UNICEF (2015)’ to support the work of NGOs and CSOs on the ground and ensure quality in the responses to GBV.

### 2.3.2. GBV Response Mechanism of the Government

#### (1) National Level

##### 1) National Level Coordination Mechanism

GBV coordination committee at the national level is organized for coordination of relevant

<sup>87</sup> <http://evaw-global-database.unwomen.org/en/countries/africa/uganda/2006/national-action-plan-on-women>, last accessed on 1 Mar 2019

<sup>88</sup> <http://evaw-global-database.unwomen.org/en/countries/africa/rwanda?typeofmeasure=cde74db6dc3d46249a64347d475e3a69&formofviolence=fac5fe48636e4d3882bbd2ebbf29bd60>, last accessed on 3 Mar 2019

stakeholders. Monthly meetings are convened by the Directorate of Gender and Community Development of the Ministry of Gender, Labour and Social Development (MGLSD) and UNFPA as the co-chair. Ministries involved in the GBV response (e.g. Ministry of Health, Uganda Police Force/Ministry of Internal Affairs, Ministry of Education and Sports), international organizations, and NGOs have policy dialogues, coordination, and technical discussions at the monthly meetings.

In addition, another coordination body exists at the national level. This coordinating body was established last year for high-level policy dialogues to end GBV. While the national GBV coordination committee meetings are attended by commissioners of ministries for working level discussions, this new mechanism will be attended by ministers to discuss strategic directions for policy implementation and develop policy guidance. Meetings will be held one or two times a year.

A mechanism for refugees' GBV issues also exists at the national level and is called GBViE. The Office of the Prime Minister (OPM) chairs the meetings eight times a year. Uganda has a very open refugee policy and allows refugees to use government facilities such as hospitals.<sup>89</sup> Given the host communities themselves are impoverished and lack social infrastructure, the government started a programme called 'ReHope' (Refugee and Host Population Empowerment), which aimed to benefit both the refugees and their host communities in cooperation with the United Nations and the World Bank.<sup>90</sup> The Ugandan government, having agreed with the implementation of CRRF, established expected outcomes and time-bound milestones about improved coordination and services for both refugees and its nationals.<sup>91</sup>

## 2) National Level Government Stakeholders

### a) Ministry of Gender, Labour and Social Development (MGLSD)

The MGLSD is leading the development of laws and policies related to gender and GBV in Uganda. In addition to the national-level policies and laws, the MGLSD supports other ministries in developing ministerial policies and strategies.

The Gender and Women Affairs Department under the Directorate of Gender and Community Development of the MGLSD oversees GBV matters (see Chart 5). The MGLSD's mandate includes development that is not only related to gender but also to labour and social aspects, as seen in Chart 3 below, which together encapsulate diverse areas of work. Thus, the MGLSD is

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<sup>89</sup> The Refugee Act of 2006 and the Refugees Regulations grant refugees the right to move freely throughout Uganda, to work, and to rent property and allow refugees to use its land for residence and farming.

<sup>90</sup> Principally, 30% of the humanitarian response budget for refugees should be allocated to meet the needs of the host communities. (Source JICA (2018) A Survey on the Situation and Needs in the West Nile Region of Uganda (Final Report). p.4-1; Government of Uganda (2017) ReHOPE – Refugee and Host Population Empowerment: Strategic Framework – Uganda. p.23)

<sup>91</sup> Government of Uganda (n.d.) Road Map for the Implementation of the Comprehensive Refugee Response Framework in Uganda 2018-2020; with regard to GBV, the Roadmap only mentions vulnerability of women who have to walk long to fetch water and collect firewood, taking GBV as a sector influences the overall quality of the refugee responses.

not able to allocate sufficient resources to gender issues. This is a structural issue and a functional review may be needed.<sup>92</sup> MGLSD is also not able to allocate sufficient resource to GBV prevention and response and relies on donors for finance.

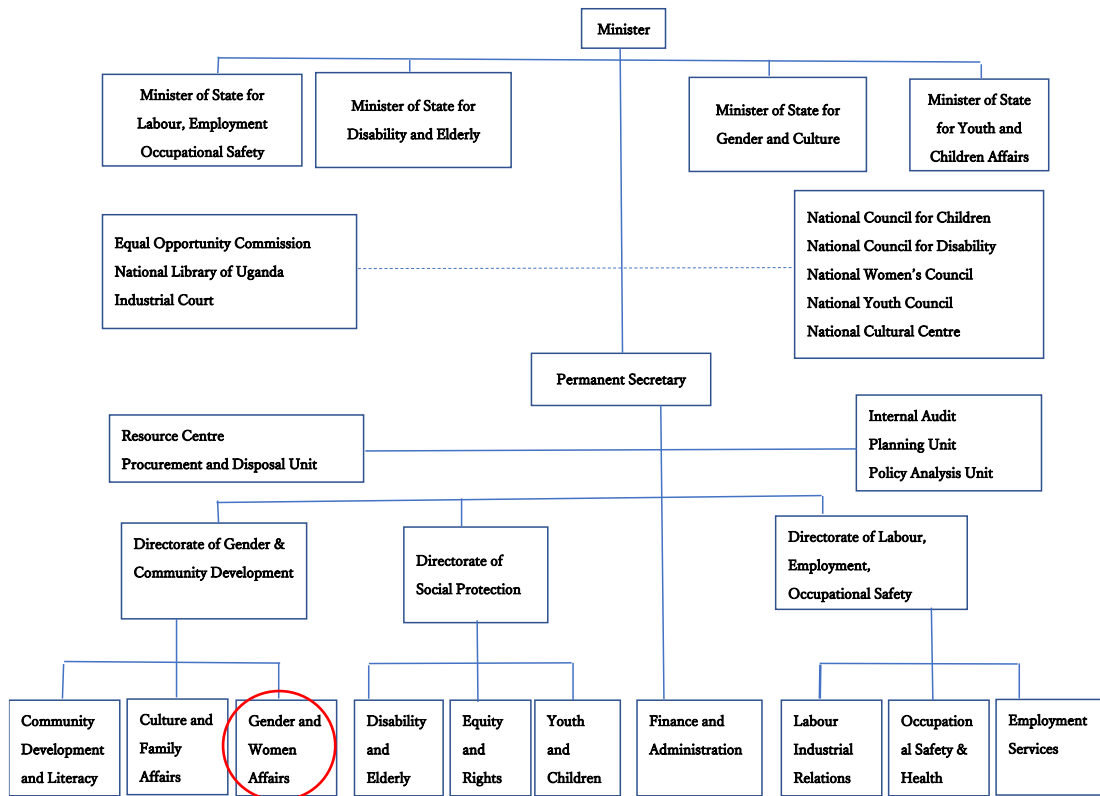


Chart 3: Organizational Structure of MGLSD

Source: Prepared by the Author (red circle: in charge of GBV)

The MGLSD manages the National GBV Database with the support of UNFPA<sup>93</sup>. The Senior Community Development Officer (SCDO) (see below 2.3.2. (2) Local Level, 2) Local Level GBV Response Stakeholders, c)) and the Probation and Social Welfare Officer (PSWO) (see below 2.3.2. (2) 2) d)) of the district, as well as some NGO staff, enter data on a quarterly basis. However, according to the SCDO of Lira district and PSWO of Adjumani district, delay in data entry training makes the accuracy of the information in the database questionable.<sup>94</sup>

MGLSD is aware of the challenges: inadequate training, insufficient access to computers and the internet, the need for clarification on how to utilize the data, and a backlog of data entry work. It may take time for the database to be updated such that it is able to provide timely feedback for

<sup>92</sup> Functional review on child protection is already underway. Interview with UNICEF (29 Jan 2019)

<sup>93</sup> <http://ngbvd.mglsd.go.ug/>, last accessed on 1 Mar 2019.

<sup>94</sup> Interviews with the SCDO of Lira district (31 Jan 2019), the Probation and Social Welfare Officer of Adjumani district (5 Feb 2019), and GWED-G (1 Feb 2019)

each district.<sup>95</sup>

#### b) Uganda National Police

Among the entities within the Uganda National Police Headquarters, the main actors related to GBV are the Sexual Offence and Children Department of Criminal Investigation Directorate (CID) and the Child and Family Protection Department (CFPD). Serious GBV crimes are investigated by the Sexual Offence and Children Department of the CID. The CFPD manages DV (including economic violence, psychological violence, and light physical violence), awareness raising, and victim protection, and sends cases to the Family and Children Court. When a victim has a severe physical injury or has been threatened by a perpetrator, the case will be classified as a serious crime under the CID. Both the CID and the CFPD endeavour to raise awareness at the community level with the support of the government or UN agencies.

The CID and the CFPD have financial constraints and lack resources for investigation, facilities for victim interviews that provide privacy, shelter for children and victims, and materials to support activities to raise awareness. These issues directly affect the quality of services provided for GBV victims.

Another issue both the CID and the CFPD face is the lack of human resources. The CID is concerned with how to interview children as well as the recent crimes using new technologies (e.g. online pornography) and needs Training of Trainers, or training of the instructors themselves. The CFPD wants to increase the number of female police officers but not many women can meet the requirements. Female police officers account for 17% of all police, whereas the target is 30%.

From the interviews at the police headquarters and interviews with other stakeholders, it became clear that many of the police have not received GBV training. That is why they lack the understanding and technical skills needed to properly handle GBV cases. Problematic behaviours and acts that can lead to secondary damage are reported; there is not enough space to ensure privacy for the victims and those in charge do not listen seriously to the victims.<sup>96</sup>

#### c) Judiciary

According to the CFPD of the National Police, judges tend to delay GBV cases because they do not take them seriously. Procedures of both criminal and family courts are lengthy and GBV victims have to endure stress and loss of time and money.

The law enforcement capacity is low as well. In cases where the victim of rape is under 13 years old<sup>97</sup> or the perpetrator is a family member, relative or school teacher, the case is regarded as a grave case. Otherwise, the perpetrator could be released on bail. Those who are released often

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<sup>95</sup> Interview with MGLSD (8 Feb 2019)

<sup>96</sup> Interview with CEDOVIP (29 Jan 2019), Interview with GWED-G (1 Feb 2019)

<sup>97</sup> If the victim is below 13 years old, or the perpetrator is a relative, guardian or teacher of the victim, the case is regarded as a serious one. Interview with UNICEF (29 Jan 2019)

do not come back for the court procedure.<sup>98</sup> This may be partly because of the lenient law, but it also shows the lack of capacity of the law enforcement institutions.

(2) Local Level

Uganda’s administrative divisions comprise 127 districts, the sub-county, the parish, and the village. Public services, such as victim protection, are provided by the local governments.

1) Local Level Coordination Mechanism

a) GBV Coordination Committees

Coordination mechanisms exist at the district and sub-county levels to manage and coordinate work related to the GBV response. The outlines of the coordination mechanisms are shown in Table 4. GBV Coordination Committees and GBV Task Force Meetings take place at the district level. GBV Coordination Committees discuss overall coordination and related issues but not individual cases. The Task Force Meetings entail discussions on the management of a shelter for GBV victims in the district. Details, such as the frequency of meetings and the names of the member NGOs, differ from one district to another.

At the sub-county level, a GBV coordination meeting also takes place and individual cases are discussed. A Child Protection Committee is organized as well.

Table 4: GBV Coordination Committees Overview

	District	District	Sub-County
Meeting	GBV Coordination Committee	GBV Task Force Meeting	GBV Coordination Committee
Frequency	Quarterly (Lira) Monthly (Gulu, Adjumani)	Quarterly	Quarterly
Chair	CAO	CAO	Sub-county Chief
Contents	GBV response	Shelter management	Discussion on individual cases
Participants	DCDO, SCDO PSWO, justice sector, medical staff, police, health unit, education staff, NGO, sub-county CDO	DCDO, health, education, police, NGOs	CDO, para social workers, para legal workers, police activists

Source: Prepared based on the interview information

CAO: Chief Administrative Officer

DCDO: District Community Development Officer

SCDO: Senior Community Development Officer

CDO : Community Development Officer

PSWO: Probation and Social Welfare Officer (for details, see 2) Local Level GBV Response Stakeholders)

There is also a coordination meeting for refugees at the district level. Meetings are held monthly and are chaired by OPM and UNHCR. These meetings for refugees adjust in frequency based on

<sup>98</sup> Interview with UNICEF (29 Jan 2019)

the need. In an emergency period (e.g. rapid influx of refugees), weekly meetings may be required. Otherwise, a case conference will be held for 20 cases per month, on average.

The GBV coordination committee mechanism at the district level is appreciated as a good forum for exchange; however, it is also criticized for a lack of information sharing and collaboration.<sup>99</sup>

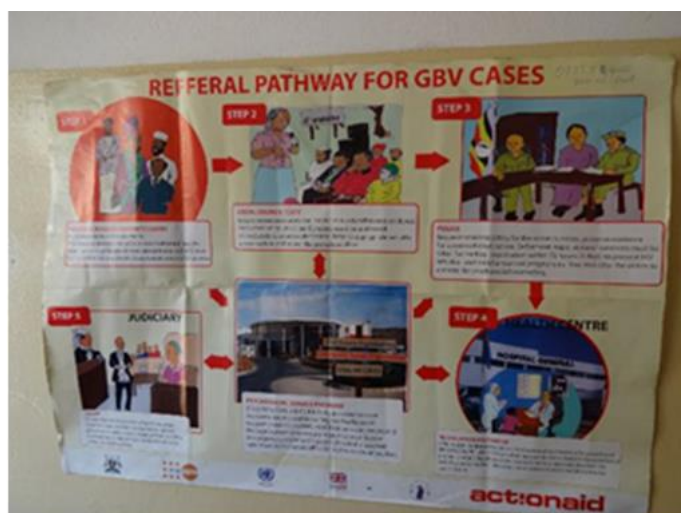
#### b) Referral Pathway for GBV victims

The Referral Pathway is intended to show the flow of reporting for GBV cases and where (at different local administrative levels) to refer victims after they have initiated contact. In addition to the general Pathway at the national level, refugee settlements have their own Pathway with specific names of the stakeholders.

GBV victims often contact a Local Council (LC) at the village level. A village leader conducts hearing. If the issue cannot be resolved within the village, the case will be referred to the police at the sub-county level. After examining the physical and psychological damage sustained by the victim, the police fill out a form with the details of the case and refer the victim to a medical institution and the judiciary. The case is then sent to the person in charge of the District Police for an investigation and the arrest of the perpetrator.

A medical staff will perform the following: (1) examine the victim, (2) conduct medical testing and emergency treatment (such as Post-Exposure Prophylaxis (PEP) and emergency contraception), (3) conduct a forensic examination to secure evidence, and (4) provide counselling. When necessary, advanced counselling can be provided at a shelter managed by an NGO and the victim may stay at the shelter, depending on her mental status.

Although the posters related to the Referral Pathway are displayed in many places, such as the police and district offices, there may be a need for more sensitization and dissemination; multiple stakeholders pointed out that the population's lack of information, knowledge, and understanding regarding the Pathway hinder an efficient GBV response.



#### 2) Local Level GBV Response Stakeholders

Referral Pathway Poster in the CID Office in Kampala (29 Jan 2019)

<sup>99</sup> Interview with Gulu Women Resource Centre (4 Feb 2019)



The following presents major roles of the actors involved in the GBV response mechanisms at each local administrative level (see Chart 4).

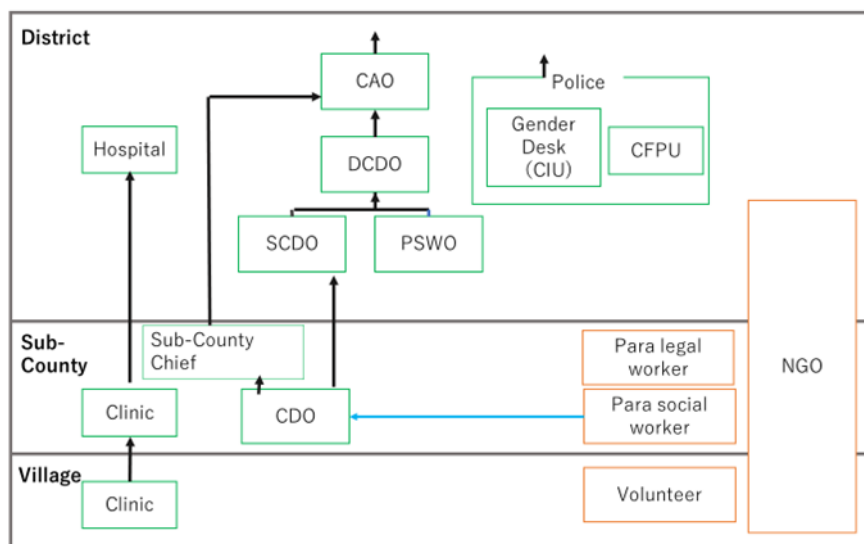


Chart 4: Major GBV Actors at the Local Government Level

(Black → indicates reporting, blue → indicates cooperative relation. Green boxes are for government officials and orange boxes for NGOs/CSOs)

Source: based on the interviews

a) The Chief Administrative Officer (CAO)

The top level of the district’s management is handled by the CAO, who is responsible for district-level administration. CAO convenes the GBV Coordination Committee and GBV Task Force meetings.

b) District Community Development Officer (DCDO)

The DCDO, the head of Community Based Service, is responsible for all social services and development work and reports to the CAO.

c) Senior Community Development Officer (SCDO)

The SCDO is placed under the DCDO and report to the DCDO. The SCDOs are technically supervised by the MGLSD. SCDOs are assigned 1-2 people per district, but some districts may not have any. A SCDO is responsible for aspects related to gender and is called the ‘Gender Officer’. A Gender Officer is tasked with conducting a risk assessment report related to GBV victims and submitting it to the court; but, in reality, he or she is often too busy to prepare this report, and the task is not effectively implemented. The SCDO conduct awareness raising/sensitization activities in villages. Gulu district planned and implemented 13 activities for

the period between 2010/11 and 2013/14 and implemented them all.<sup>100</sup> However, this is not the standard for all districts and there seems to be variation therein. The SCDO of Lira district stated that the awareness raising activities of SCDO, the police, the social workers, and the NGOs in Lira district have difficulty securing budget.

d) Senior Probation and Social Welfare Officer (PSWO)

The PSWO is also placed under the DCDO and report to the DCDO. The PSWO is responsible for children and family welfare. He or she provides services to GBV victims and their family members. One or two officers are assigned to each district, however, like the SCDO, some districts may not have a PSWO. In some districts, the PSWO assumes the role of the Gender Officer.

The lack of human and financial resources is an issue for local level governments as well as the national level. For example, the staffing level of the Community Based Service (to which the SCDO and the PSWO belong) of Gulu district in 2016 was 63%.<sup>101</sup> In addition, the SCDOs and PSWOs of the district oversee a wide range of issues and are quite busy.<sup>102</sup> Donors sometimes provide training as well and, in order to ensure the sustainability of activities and outcomes, NGOs working in the locality also try to involve government officials, especially the SCDOs at the district level and CDOs at the sub-county level, in their activities by inviting officials to meetings and field visits beginning at the projects' implementation. Facilitating an understanding of the government on the contents, methodologies, achievements, and challenges of project activities is also part of capacity building and is expected to lead to the government's increased sense of ownership over the projects. However, it is observed that such involvement keeps SCDOs and CDOs quite busy.

The SCDO and CDO at the sub-county level often lack resources including a means of transportation. Some have received motorbikes from donors, but otherwise, they have difficulty going into the field to meet with clients. As a result, tasks such as casework are left to CDOs or para social workers at the sub-county level.

e) Law enforcement (Crime Investigation Unit/Gender Desk and Child and Family Protection Unit, Police)

The Crime Investigation Unit (CIU) of the police has a Gender Desk (2–4 police officers) which investigates the cases involving serious crimes, such as sexual assaults, defilements, and rape. The Child and Family Protection Unit (CFPU) (4 people) manages the cases that are relatively insignificant GBV cases and work on the mediation of the GBV cases, victim protection, and sensitization. The CIU reports to the Crime Investigation Directorate (CID) and the CFPU reports

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<sup>100</sup> Gulu district (2016) Gulu District Development Plan 2015/2016–2019/2020.119

<sup>101</sup> Gulu district (2016) Gulu District Development Plan 2015/2016–2019/2020. p.21

<sup>102</sup> It was observed that both SCDOs and PSWOs are busy for workshops and meetings. Because their responsibilities cover multiple areas, they need to handle meetings with different topics and work with many different NGOs.

to the Child and Family Protection Department (CFPD) at the national level. The CFPU has a temporary detention facility for children.

During the survey, inappropriate behaviour was observed amongst the Gulu police and there is strong need for improvement of the capacity to handle GBV cases to avoid secondary damage to the victims.<sup>103</sup>

The police force also has resource constraints; it is not rare that the District Police does not have resources to go out for investigation or support for the Sub-Counties, or even paper formats for GBV reporting.



Para Social Worker Training by TPO  
in Adjumani District  
(5 Feb 2019)

f) Community Development Officer (CDO)

One CDO is assigned at the sub-county level. They are responsible for welfare, community development, gender, culture, probation, and labour, and report to the chief of the sub-county. The SCDO technically supports CDOs.

g) Community Volunteers

Some sub-counties have volunteers such as para social workers, para legal workers and activists. These are selected and trained by NGOs for their project activities.

Para social workers are engaged in social work assisting CDO. There are no required qualifications to become a para social worker as long as they can read and write and are enthusiastic about their tasks as a para social worker. Similarly, para legal workers provide support to the community as well. They are not required to have any specific qualifications. However, many seem to have a law degree. They belong to NGOs and CSOs.<sup>104</sup> Activists are organized by NGOs to perform tasks related to community mobilization and sensitization activities.<sup>105</sup> Beyond the actors described above, some volunteers are located in the villages, such as health workers. However, the details are different from one place to another.

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<sup>103</sup> When the survey team went into the office of the Gender Desk for an interview, there were a man, woman and girl sitting inside the office. In the course of the interview, the Gender Desk officer revealed that the girl was a GBV victim. A female officer came in to ask questions of the girl. Her way of talking to the girl was not sympathetic enough. There were two men in the office during the questioning. The door to the office was wide open. Though it is true that there is a lack of space, as mentioned by the Gender Desk officer, not enough effort was made to respect the privacy of the victim and the confidentiality of the case, so this needs improvement (observation on 2 Feb 2019 at the Gulu police station); Acting Commissioner of CID also pointed out the need for training of the Gender Desk officials (29 Jan 2019)

<sup>104</sup> Interview with UNICEF (29 Jan 2019)

<sup>105</sup> <https://isis.or.ug/we-have-love-happiness-trust-and-people-want-to-copy-us/>, last accessed on 1 Mar 2019

Some NGOs train these volunteers, hoping that they will continue fulfilling their roles after the project ends (see the picture on the right). However, in most cases, these volunteers stop working when the projects end, which makes the sustainability of the interventions uncertain.<sup>106</sup>

## 2.4. Support from the International Community

This section presents the support by the major donors, and then support activities by international organizations and NGOs.

### 2.4.1. Support by the Major Donors

The major donors supporting GBV responses in Uganda are the DFID, the IrishAid, the Swedish government, the EU, and the World Bank.<sup>107</sup>

#### (1) DFID

The DFID implemented ‘Improving Uganda's capacity to prevent sexual violence in conflict’ project from 2016 to 2017 with the budget of 30,000 pounds to train members of the Ugandan army, police force, medical professionals, civil society and journalists on the identification, investigation and documentation of sexual violence in conflict situations. Another project ‘Preventing online child sexual exploitation and abuse in Uganda’ was also implemented from 2016-2017 with the budget of 15,000 pounds to raise awareness among the law enforcement of Uganda and improve techniques for identification and investigation of cases of online child sexual exploitation and abuse.<sup>108</sup>

#### (2) IrishAid

The IrishAid supported a seven-year GBV programme in eight districts from 2011. It was a comprehensive GBV prevention and response programme implemented by local CSOs in cooperation with the local governments. The programme improved the national and local coordination mechanisms, developed the capacity of government officials, and mobilized community men. However, the IrishAid will not have GBV-specific programmes any more, as GBV will be integrated into other programmes such as those on education or HIV.<sup>109</sup>

#### (3) Swedish Government

The Swedish government will support a five-year joint programme by UN Women and UNFPA with the budget of 28,750,000 USD.<sup>110</sup> The programme will support the enhancement of GBV prevention through response and service delivery by the government and by improving the policy

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<sup>106</sup> Information from UNICEF via e-mail dated 19 Mar 2019

<sup>107</sup> Interview with MGLSD (8 Feb 2019) and the Gulu District Development Plan (2016) p.45.

<sup>108</sup> <https://devtracker.dfid.gov.uk/projects/GB-GOV-3-PAF-UGK-160002>; <https://devtracker.dfid.gov.uk/projects/GB-GOV-3-PAF-UGK-160001>, last accessed on 7 Apr 2019.

<sup>109</sup> IrishAid (2016) Uganda Country Strategy Paper 2016-2020

<sup>110</sup> <https://uganda.unfpa.org/en/news/sweden-commits-more-funds-prevention-and-response-gender-based-violence-uganda>, last accessed on 3 Mar 2019

environment, actor accountability, social norms, service delivery and GBV coordination in 14 target districts.<sup>111</sup>

#### (4) EU

The Spotlight Initiative of the EU<sup>112</sup> will be implemented in eight African countries.<sup>113</sup> Eight districts, including Adjumani district, will be targeted in Uganda. UN Women, UNFPA, UNICEF, UNDP, UNHCR will implement the programme in partnership with relevant ministries such as MGLSD and CSOs. UNDP will coordinate this UN-EU joint initiative in Uganda. The initiative will support refugees and the vulnerable in the host communities, tackling GBV such as rape and harmful traditional practices.

The EU will also support the MGLSD in gender statistics and revitalization of the women's movement. The technical support in gender statistics is intended to analyse GBV databases from the perspectives of health, justice and education (e.g. how many victims used health services). For the women's movement, there will be awareness raising on women's rights at the grassroots level, and networking and monitoring at the district level, which will in turn strengthen national-level advocacy.

#### (5) World Bank

The World Bank has just approved a 40 million USD loan to promote social norms and behavioural change, strengthen the referral system, and improve front line service to GBV victims. The Ugandan Parliament is discussing the details. Loan funds will be allocated to the MGLSD; the Ministry of Health; the Justice, Law and Order Sector; the police, and CSOs.

### 2.4.2. Support for GBV Prevention and Response by the International Organizations and NGOs

#### (1) SASA!: sensitization method for GBV

A community sensitization and mobilization methodology called SASA! developed by an NGO called Centre for Domestic Violence Prevention (CEDPVIP) is widely used by international organizations and NGOs. SASA! is a methodology born from a pilot project by an NGO called Raising Voices in Kampala. Its aim was to involve the entire community in sensitization by taking four steps (start thinking; raise awareness; support women, men and activists; take action = SASA). Project facilitators take the role of mentors. Community activists lead dialogues and actions in the community to bring about transformation from within. This takes time but excels in sustainability. A pair-matched cluster-randomized controlled trial was conducted and

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<sup>111</sup> Interview with UN Women (8 Feb 2019) and Interview with MGLSD (8 Feb 2019)

<sup>112</sup> <http://www.un.org/en/spotlight-initiative/index.shtml>, last accessed on 3 Mar 2019

<sup>113</sup> Liberia, Malawi, Mali, Mozambique, Niger, Nigeria, Uganda, and Zimbabwe

demonstrated the positive impact of SASA!<sup>114</sup>

## (2) Shelters for Victim Protection

In Uganda, NGOs manage more than 10 shelters following the guidelines of the MGLSD. The description below is based on a hearing at a shelter in Gulu district.

A social worker, a legal officer and a matron support GBV victims. The social worker is in charge of psychosocial support, case management and follow-up. The legal officer helps victims to get through the court process successfully.

Medical care is provided at the Gulu Regional Referral hospital. The social worker can contact the hospital and solicit support at any time. Likewise, the police can be called when needed. However, the social worker feels that there is a need for a ‘one-stop centre’ where victims can receive all services.<sup>115</sup>

The victims can stay at the shelter. The MGLSD guidelines set three days’ stay as standard, but a longer stay is possible depending on the circumstances. Victims can enjoy safety, counselling services, provisions to meet their basic needs, a children’s play space, and first aid.

The shelter works with the PSWO for sensitization. Radio talk shows are used for sensitization and raising awareness.

The relationship between the NGO shelters and the district officials is very cooperative, which was understood from the interviews with a doctor from the Lira Regional Referral Hospital and the SCDO of Lira district. They trust the NGO and refer GBV victims when an advanced counselling session is needed.

The NGO plans to hand over the shelter to the government in 2020, but the district does not have the capacity to manage the shelter. The social worker is concerned about technical and financial sustainability. The district staff do not yet understand the management of the shelter. Thus, she is in discussion with the district to see if a district official can be assigned to the shelter for a while to learn about its management.

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<sup>114</sup> Abramsky, T. et al. (2014) Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC Medicine* 2014. 12:122

<sup>115</sup> Initially, it was planned to have the police in the shelter, but the police have too much to do, so this did not work (source: Interview with ActionAid on 2 Feb 2019).



A room for children in the shelter (1 Feb 2019)



A room for adults in the shelter (1 Feb 2019)

### (3) International Criminal Court, Trust Fund for Victims (ICC-TFV)

The International Criminal Court Trust Fund for Victims (ICC-TFV) has provided medical, psychosocial, or economic support to war victims including GBV victims through partner NGOs in 22 districts in the Northern Region of Uganda. The annual budget for support is about one million to 1.2 million Euro and about 200,000 Euro per project. As of now, 45,000 persons have been benefited and 3,975 SGBV victims received psychological support between July 2016 and December 2017; however, the Project Manager of ICC-TFV in Uganda said that it is not enough to meet the needs of victims.<sup>116</sup>

### (4) Support in Northern Uganda: Psychosocial support

Psychosocial support for recovery and social integration is provided through counselling at a shelter of AcitonAid, psychosocial centre of Gulu Women's Economic Development and Globalization (GWED-G), safe space or protection house in a refugee settlement, or part of livelihood projects by CARE and Transcultural Psychosocial Organization (TPO).

In order for victims to take gradual steps towards recovery, a team of counsellors supports victims through counselling sessions over several months. A medical doctor who has been supporting war victims for a long time said that 'GBV victims have low self-esteem. So, it is important for them to feel loved through counselling. We have to empower them socially and psychologically.'<sup>117</sup> Psychosocial support can guide victims so that they can understand their wants and needs and make their own decisions. Once they decide on their own to seek justice, for example, they can go through the legal process even under pressure from the community and the court.<sup>118</sup>

Psychosocial support is important for economic independence, too. TPO reports that when a comparison was made between the livelihood outcomes of groups with psychosocial support and

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<sup>116</sup> Interview with ICC-TFV (29 Jan 2019)

<sup>117</sup> Interview with AHS (31 Jan 2019). A woman who was gang-raped received treatment. Counselling successfully empowered her, and she eventually became a community leader.

<sup>118</sup> Interview with UN Women (8 Feb 2019)

those without such support, the groups with psychosocial support achieved better livelihood outcomes.<sup>119</sup>

#### (5) Legal support by an NGO

NGOs provide GBV victims with legal support as well. Gulu Women's Resource Centre provide support in mediation and court procedure using hotline, women groups' peer counselling.<sup>120</sup>

### 2.5. Challenges and Support Gap in GBV Prevention and Response

While Uganda's policies and mechanisms on GBV prevention and response are well developed, the government relies on donors for funding and NGOs for implementation. This does not mean that government officials have no capacity; it is said that, in general, government officials are capable people who have basic technical capacity and show commitment. Nonetheless, the government on the whole lacks the capacity to implement projects.

One of the reasons is the lack of coordination and budgetary funds of the MGLSD and the lack of human and financial resources of the local governments that implement projects and provide public services. During the survey, it was repeated that there are too few staff members to conduct all tasks at the district and sub-county levels; that because of the limited budget, police officials do not have the necessary documents; that the police cannot go to crime scenes; and that hospitals do not have sufficient medicines.<sup>121</sup> As a result, even poor GBV victims may be asked to pay for medicines or photocopying. These issues cannot be solved through JICA's assistance but should be considered when formulating technical assistance.

Another concern is the relationship between refugees and the host community. From the beginning, host communities have been poor with underdeveloped social infrastructures. When settlements have a police station and clinic, and refugees have better access to free medical or legal aid services from NGOs, the host community feels disadvantaged compared to refugees.<sup>122</sup> Host communities do not necessarily feel the benefit of 30% allocation of humanitarian assistance<sup>123</sup> and this will have implications for the establishment and management of GBV response mechanisms in districts with refugee settlements.

Bearing the above in mind, the following analyses the challenges and support gaps through the analytical support framework, that is, prevention, protection, prosecution, and self-reliance and social integration.

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<sup>119</sup> Interview with TPO (5 Feb 2019)

<sup>120</sup> Interview with Gulu Women's Resource Centre (4 Feb 2019)

<sup>121</sup> Interview with CFPD (7 Feb 2019)

<sup>122</sup> Interview with the Probation and Social Welfare Officer of Adjumani district (5 Feb 2019) and interview with Gulu District Planner (4 Feb 2019)

<sup>123</sup> Interview with the Probation and Social Welfare Officer of Adjumani district (5 Feb 2019)



### 2.5.1. Prevention

During the survey, it was repeatedly mentioned that strong discriminative cultural practices and social norms in the community are the root causes of GBV. Long-held perceptions such as that wife beating is normal, that the husband should control all decisions in the family, and that ‘taking away FGM from us [=prohibition of FGM] means taking away our culture’ would not change with the establishment of laws and regulations. Furthermore, the dissemination of laws is not adequate. It has been reported that 40% of community members do not know about laws related to GBV.<sup>124</sup>

The discriminatory social norms at the root of GBV are not easily changed and many discriminatory practices remain. However, for awareness raising and sensitization, an effective methodology called SASA! has been developed. It has a good range of supporting materials for practitioners and has been employed by the government and NGOs. The main NGO which promotes SASA! actively supports other agencies, developing and improving support materials such as SASA! Faith, a programme for religious leaders. Thus, expansion is necessary but there is not much need for development new methodology and materials, and technical inputs.

### 2.5.2. Protection

#### (1) The capacity of the providers of public services

Government officials, especially those at the lower administrative level, do not have sufficient knowledge and understanding of GBV and related laws and are thus not able to provide quality services. If an official does not understand the urgency of forensic examination and post-exposure treatment, for example, she or he may conduct a long hearing of the case before sending the victim to a hospital. This would have serious medical and legal consequences.<sup>125</sup>

It has also been found that government officials’ counselling skills are not adequate.<sup>126</sup> The SCDO of Lira district said that he practiced counselling without formal training, learning by watching others.<sup>127</sup> The ActionAid staff of the shelter in Gulu district is concerned about the sustainability of the shelter after the transfer of management from ActionAid to the district. The technical capacity is not enough to manage the shelter and the staff needs some training.<sup>128</sup>

#### (2) Victim protection

Victim protection is another weak area. When the perpetrator is a family member or a neighbour, even if the victim has the courage to start legal proceedings, she may drop the case under the

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<sup>124</sup> Centre for Women in Governance (2017) Deepening Advocacy on Women Peace and Security: A CSO Monitoring Report. p.49

<sup>125</sup> Interview with Lira Regional Referral Hospital (31 Jan 2019)

<sup>126</sup> Interview with ActionAid (1 Feb 2019)

<sup>127</sup> Interview with SCDO of Lira district (31 Jan 2019)

<sup>128</sup> Interview with ActionAid (1 Feb 2019)

pressure from her family and neighbours.

Discrimination against GBV victims also affects victim protection. Family members and the community often do not accept dishonoured women and girls. Therefore, it is important to raise the awareness of the community as well as individuals and follow-up on the victims. However, there is too little support for community awareness raising and victim follow-up.<sup>129</sup>

### 2.5.3. Prosecution

Prosecution is important to prevent further incidences and for the victims to obtain justice and closure. However, the police and judiciary do not function adequately. In addition to the lack of resources and knowledge about GBV, they lack technical skills (e.g. in investigating and pursuing a perpetrator), resulting in weak law enforcement.

### 2.5.4. Self-Reliance and Social Integration

#### (1) The Need for Psychosocial Support

Psychological recovery is essential for stable economic independence and social integration. This is especially true for those affected by war, who suffer from severe trauma and require psychosocial care. It is said that the Northern Uganda region where the shadow of war still remains sees higher rates of suicide and DV than other areas of the country<sup>130</sup>.

Despite the demand, government social workers are spread thin and lack counselling skills. They cannot meet people's needs and thus rely on NGOs for psychosocial support. Community-based psychosocial support is ideal for GBV victims, but it is not possible because the government lacks resources, even with support from NGOs.<sup>131</sup>

#### (2) Integration of Livelihood Support and Psychosocial Support

Without income generation and economic independence, together with psychological recovery, GBV victims cannot achieve stable recovery and social integration.<sup>132</sup> Earning an income gives them confidence and self-esteem; therefore, income generation works positively in their psychological recovery.<sup>133</sup> The TPO, which specializes in psychosocial support, starts livelihood support once the victim becomes psychologically stable. It is a good example of an effective support through an integrated programme built on mutually enhancing components.

## 2.6. Proposal for JICA's intervention

This section examines ideas for intervention which can tap on the advantages of JICA based on the situation and analysis of GBV in Uganda and support needs. First, it introduces existing JICA

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<sup>129</sup> Interview with Lira Regional Referral Hospital (31 Jan 2019)

<sup>130</sup> Interview with Gulu District Planner (4 Feb 2019)

<sup>131</sup> Interview with SCDO of Lira district (31 Jan 2019)

<sup>132</sup> Interview with AHS (31 Jan 2019).

<sup>133</sup> Interview with ActionAid (7 Feb 2019)

projects in relation with GBV response and intervention ideas follow.

### 2.6.1. On-going JICA Interventions

Among the on-going projects in Uganda, those with some relevance to GBV response are the ‘Project for Capacity Development of Local Government for Strengthening Community Resilience in Acholi and West Nile Sub-Regions (WACAP)’ and the ‘Northern Uganda Farmers’ Livelihood Improvement Project (NUFLIP)’.

NUFLIP aims to improve quality of life through livelihood improvement involving vegetable production. NUFLIP mainstreams gender into the project activities from planning to follow-up and conducts gender training. One example is training to discuss consideration for the socially vulnerable. The beneficiaries in the training listed those abducted by the LRA and injured during the war as vulnerable. Among them, female former abductees with children born in the bush endure strong discrimination. The project facilitated discussions about how the project beneficiaries can help each other to solve the issues facing the former abductees and child soldiers. It has also been observed that economic contributions made by such war victims in the project give them self-confidence and have a healing effect. Steady support such as this can alleviate discrimination within communities.<sup>134</sup>

WACAP strengthens the capacity of the local government to plan and implement community development plans. Even though there are no activities specifically targeting gender, given that district development plans include GBV response, they would indirectly enhance GBV response. WACAP especially targets CDOs at the district and sub-county levels<sup>135</sup> who are responsible for GBV issues. There will be a need for cooperation and coordination with WACAP.

### 2.6.2. Proposals for JICA Intervention

From the analysis above, it became clear that psychosocial support and prosecution are in need. Although a number of services for self-reliance and social integration exist, there is a pressing need for more psychosocial support. It was observed that psychosocial support can enhance the outcomes of livelihood activities. It was also understood that people in Northern Uganda with trauma from past conflicts and those in the West Nile, which is now affected by the conflict in South Sudan, are in need of psychosocial support.

The low quality of services provided by law enforcement with regard to prosecution and some non-existent of services are also problematic. It will be a good idea to organize joint training for the police so that secondary damage to GBV victims can be avoided. However, the financial issue of the police is too severe to expect desired outcomes from assistance in a reasonably short period

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<sup>134</sup> Skype interview with NUFLIP experts (14 Feb 2019). A group of South Sudan officials visited the project to learn about women’s economic empowerment through agriculture.

<sup>135</sup> E-mail communication with an WACAP expert (7 Mar 2019)

of time. Thus, it would be recommendable to the build capacity of the police force and judiciary in trainings or coordination meetings of projects/programmes rather than implementing a project targeted the police or judiciary.

Based on the analysis of the GBV situation, GBV response and remaining challenges, the following ideas are proposed (Table5-7). These proposals set the Northern Uganda and West Nile regions as their targets; however, the intention is that the model developed through the proposed activities would be applied in other areas in the long run. The third idea is to address GBV issues among the refugee population.

Table 5: Intervention Idea for Uganda 1

Major issues to be addressed	<p>In the Northern Uganda and West Nile regions, it is understood that those with war trauma, especially those who were abducted by the LRA and forced to become wives or soldiers and those who gave birth in the bush, are in a psychologically, socially and economically difficult situation for many years. It is necessary to support psychological and economic recovery and facilitate to reduce discriminatory attitudes in the community.</p> <p>It is also understood that GBV is a serious issue for refugees in settlement areas. Although the number of GBV incidences in refugee settlements is said to have decreased compared to the time of the rapid influx of refugees,<sup>136</sup> a certain number of refugees would have suffered GBV in South Sudan or on the way to the settlement. Thus, it can be assumed that there are silent GBV victims who need psychosocial support.</p> <p>Therefore, there is need for support for GBV victims in self-reliance and social integration support with emphasis on psychosocial support so that social integration will be effective and sustainable.</p>
Purpose of the intervention	<ol style="list-style-type: none"> <li>1. To implement a GBV victim support model that has two pillars of psychosocial support and livelihood support, building on the good practice of an NGO which integrates psychosocial support and livelihood activities.</li> <li>2. To regain stability and economic independence of GBV victims after psychosocial intervention through pilot project implementation in cooperation with the MGLSD and the district administration.</li> <li>3. To facilitate understanding about GBV and reduction of discrimination against GBV victims in the community through the project activities involving both GBV victims and non-GBV victims.</li> </ol>

<sup>136</sup> The current number of GBV cases is about half of that several years ago when Uganda experienced influx of South Sudanese refugees, according to OPM of Adjumani district (5 Feb 2019).

	4. To disseminate the model through GBV coordination committees once the effectiveness is established and facilitate the use of the model by partner agencies.
Areas of intervention	Self-reliance and social integration
Counterpart	The Directorate of Gender and Community Development, MGLSD
Support type	Technical Assistance Project
Expected impacts	<ol style="list-style-type: none"> <li>1. The intervention will reduce the long-term psychological and physical burden of GBV victims and facilitate economic activities and their self-reliance and social integration.</li> <li>2. By facilitating GBV victims and non-victims or refugee women and host community women working together within communities, the intervention will help build mutual understanding among the community members and remove discrimination towards former LRA soldiers and children fathered by LRA soldiers. Likewise, it would be able to reduce tension and help realize an inclusive society.</li> <li>3. Pilot project operation facilitates improvement of the knowledge and skills of the government staff at the district and sub-county levels on psychosocial support.</li> <li>4. Through introduction and discussion about the project's support model, the GBV coordination committees are revitalized and share and discuss ideas for cooperation.</li> <li>5. The project can create an assistance model which pays specific attention to the steady process of mental recovery integration supported by psychosocial intervention. The model is widely used in other areas of Uganda.</li> </ol>
Cooperation with existing JICA projects	Information on effective intervention methodologies will be exchanged between the project and NUFLIP.

Table 6: Intervention Idea for Uganda 2

Major issues to be addressed	<p>It is understood that there is room for improvement in the coordination between government agencies, the use of local resources such as NGOs and community volunteers. The function of the GBV coordination committee is still limited.</p> <p>While the lack of capacity of government officials is an issue, it is also true that government officials such as SCDOs and CDOs take responsibility of too vast areas to respond GBV issues sufficiently. There is need for reviewing and streamlining the</p>
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	cooperative relationships and roles and responsibilities among the government officials, NGOs and volunteers.
Purpose of the intervention	<ol style="list-style-type: none"> <li>1. To help improve the capacity and system of service delivery in a model district(s) by capacity building of Senior Community Development Officer at the district level and Community Development Officer at the sub-county level in cooperation with MGLSD.</li> <li>2. To establish a model mechanism to deliver public services to GBV victims more efficiently, building on the existing coordination mechanisms such as the GBV coordination committee.</li> </ol>
Areas of intervention	Protection, Self-reliance and social integration
Counterpart	The Directorate of Gender and Community Development, MGLSD
Support type	Individual expert
Expected impacts	<ol style="list-style-type: none"> <li>1. From districts to villages, at each level, by streamlining and improving the work flow of GBV response, collaboration among the district, NGOs and community volunteers improves and becomes more efficient.</li> <li>2. A model structure/mechanism is established for effective use of human resources.</li> <li>3. The model is shared at the GBV coordination committees.</li> </ol>
Cooperation with existing JICA projects	If the project target districts overlap with WACAP, close coordination with WACAP is necessary. If not, it will still be useful to exchange information on capacity development of CDOs and cooperation with other agencies.

Table 7: Intervention Idea for Uganda 3

Major issues to be addressed	GBV cases are largely underreported especially in refugee settlements. There are many reasons such as lack of victim protection. The lack of information and knowledge about the procedures and the rights of the victims also contribute to few numbers of reporting.
Purpose of the intervention	To incorporate GBV information (how to protect self from GBV, reporting procedures, gender relations) into training of NGOs so that GBV is prevented and GBV victims can seek timely supports.
Areas of intervention	Prevention
Counterpart	Japanese NGOs operating in the West Nile Region or Northern Uganda to support South Sudanese refugees.
Support type	Grassroots Cooperation

Expected impacts	Women and girls understand prevention of GBV and actions to be taken when GBV happens including the reporting procedure and available supports.
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### 3. Survey Result: Rwanda

#### 3.1. Conflict in Rwanda: Genocide in 1994

Since colonial times, ethnic tensions between the Hutu and Tutsi in Rwanda have been high, and this resulted in genocide in 1994. A series of incidents such as a power struggle among the Hutus and an attack by Tutsi groups who fled the country after the independence in 1962; this incited hatred between the two. In 1973, Kayibanda, who tried to save his regime through a hate campaign against the Tutsi, was ousted by Habyarimana.

Rwanda's political and economic troubles continued. In 1987, Tutsi exiles launched the Rwanda Patriotic Front (RPF) in Kampala, and in 1990 the RPF invaded Rwanda, only to be defeated. In 1993, Habyarimana signed a peace agreement with the RPF, but the peace process did not make progress. The media kept broadcasting anti-Tutsi programmes and Hutu self-defence units were organized in every commune and preparation for genocide was underway. The peacekeeping operation dispatched to Rwanda in December 1993 to monitor the peace agreement was powerless in terms of budget and force.

In April 1994, the genocide started immediately after the assassination of Habyarimana and killing spread quickly. Children were killed in front of their mothers. Children were forced to kill their families. Village leaders distributed lists of people to be killed.<sup>137</sup>

At the end of April, Kagame instructed the RPF staying in northern Rwanda to advance towards Kigali. By the end of May, the RPF had gained control of a large part of the country and in July, it took Kigali. Over about 100 days between April and July, about 800,000 Tutsi and moderate Hutu were killed (about three quarters of the Tutsi population). Schools, hospitals, and government offices were destroyed. Many men were killed, resulting in women making up 70% of the population.<sup>138</sup>

Then, over two million Hutu fled Rwanda. The number and dire situation of these people drew the attention of the media and world. Rwandan refugees are still returning; 3,059 refugees returned in 2018, which made the total number of returnees over 3 million.<sup>139</sup>

#### 3.2. GBV in Rwanda

##### 3.2.1. GBV in Conflict

It estimated that 250,000 to 500,000 women were raped during the genocide in Rwanda.<sup>140</sup> As a result, thousands of women were infected with HIV/AIDS.<sup>141</sup> The number of pregnancy cases

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<sup>137</sup> Meredinth, M. (2006) *The State of Africa: A History of Fifty Years of Independence*. pp. 485–523.

<sup>138</sup> Human Rights Watch (1996) *Shattered Lives: Sexual Violence during the Rwandan Genocide and its Aftermath*. <https://www.hrw.org/reports/1996/Rwanda.htm>, last accessed on 3 Mar 2019

<sup>139</sup> <https://www.unhcr.org/rw/>, last accessed on 25 Mar 2019.

<sup>140</sup> UN (2006) *Ending violence against women from words to action: Study of the Secretary-General*. p. 54.

<sup>141</sup> The HIV/AIDS infection rates of women aged 15 to 29 was 3.9% (1990). It increased to 4.7% in 1993 and 1994, then keeps reducing since then. World Bank Open Data,



due to rape is estimated to amount to 2,000 to 5,000.<sup>142</sup> Thousands of widows and orphans had to live on the streets. Among them, girls were targeted for sexual abuse and forced marriage.<sup>143,144</sup>

Sexual violence during the genocide brought long-term negative effects to the mental, physical and social lives of the victims and their children. Relations between children born of rape and their mothers were often complex, filled with both love and hatred. One therapist observed that children born of rape during the genocide tend to have behavioural problems such as explosive fits of temper.<sup>145</sup> Children of traumatized parents, children of rape and orphans may have grown up without anyone to nurture their self-esteem, leaving them at risk of committing violence.<sup>146</sup>

### 3.2.2. Current Situation of GBV after the Conflict

In spite of the progress in Rwandan women's economic and political participation, discriminatory social norms continue to be a breeding ground for violence and GBV is still a serious social problem in present Rwanda. Among married or partnered women aged 15 to 49 years, according to the Rwanda Demographic and Health Survey (2014–2015), those who have experienced physical or sexual violence account for 34.4%. This figure exceeds 32%, the average of the sub-Saharan African region.<sup>147</sup> The proportion of those who have experienced physical, sexual and emotional violence amounts to 40.4% (Chart 5). Among married or partnered women aged 15 to 49 years, 33.6% have experienced physical violence by their current or former partners (including husbands), and 31.3% by their current partner. Thus, it can be said that many women keep living with their violent partners. This is in line with what a legal officer from Bugesera district said: few DV cases between husbands and wives are brought to the court because usually they either discuss the matter and reconcile, or withdraw their appeal.<sup>148</sup>

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<https://data.worldbank.org/indicator/SH.HIV.1524.FE.ZS?locations=RW&view=chart>, last accessed on 5 Mar

<sup>142</sup> Human Rights Watch (1996) *Shattered Lives: Sexual Violence during the Rwandan Genocide and its Aftermath*.

<sup>143</sup> Government of Rwanda (2016) *Isange One Stop Centre: Rwanda's Holistic Approach to Fighting Gender Based Violence and Child Abuse*. Fountains Publishers: Rwanda. p.3

<sup>144</sup> GBV during the genocide was also an intensified manifestation of deep-rooted social inequality and social and cultural norms. MIGEPROF (2011) *National Strategic Plan for Fighting Against Gender-based Violence 2011-2016*. p.1

<sup>145</sup> The Guardian. 7 Jan 2014. <https://www.theguardian.com/world/2014/jun/08/rwanda-20-years-genocide-rape-children>, last accessed on 3 Mar 2019

<sup>146</sup> Interview with NWC (11 Feb 2019)

<sup>147</sup> Sub-Saharan average is taken from UNDP (2018) *Human Development Report 2018*.

<sup>148</sup> Interview with Access to Justice Bureau Coordinator, Bugesera district (12 Feb 2019)

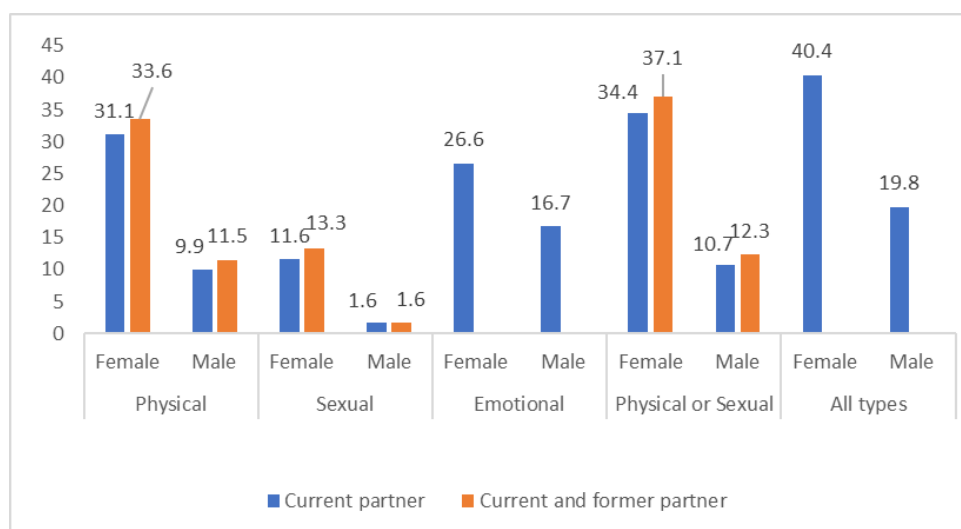


Chart 5: Ever married/partnered women and men who have experienced violence after 15 years of age (%)  
Source: prepared based on Rwanda DHS 2014–2015

Among the different types of GBV, what experts regard as the most serious issue is prevailing sexual violence, including rape, against girls under 18 years of age. Table 8 is taken from a report on GBV prepared by the Ministry of Gender and Family Promotion (MIGEPROF). The percentages are not based on any real data but on the perceptions of GBV stakeholders, but it is indicative of the seriousness of the rape of minors. They assert that the majority of rape cases are rapes of minors in more than half of the districts' GBV cases. The Rwanda National Police also reported in their annual report in 2007 that among 2,935 registered cases of rape, 2,421 (82%) were committed against minors.<sup>149</sup>

Table 8: Incidence of Rape of Minors against the Number of All Rape Cases (Perceived)

State	District		
	High (>70 %)	Medium (30<F<70)	Low (< 30 %)
Kigali City	Gasabo, Kicukiro, Nyarugenge,	-	-
Eastern Province	Bugesera, Gatsibo, Nyagatare, Kayanza, Ngoma,	-	Rwamagana, Kirehe,
Western Province	Rubavu, Rusizi	Nyabihu	Karongi, Rutsiro, Ngororero, Nyamasheke
Northern Province	Gicumbi, Musanze, Burera, Gakenke	-	- Rulindo
Southern Province	Ruhango	Nyamagabe, Kamonyi, Muhanga, Nyaruguru,	Nyanza, Huye
Total	15	5	9
%	50.0 %	16.7 %	33.3 %

Source: MIGEPROF. (n.d.) Country Assessment on VAW Rwanda

<sup>149</sup> MIGEPROF (n.d.) Country Assessment on VAW Rwanda. pp.11-12

The One Stop Centre (see section 3.3.) of Nyamata Hospital in Bugesera district receives 85–90 GBV cases per month, and most of them involve sexual violence (Chart 6). The majority of the sexual violence victims are under 18 years old. It has been reported that sexual violence committed by staff and male students against girl students at schools is also a concern.<sup>150</sup>

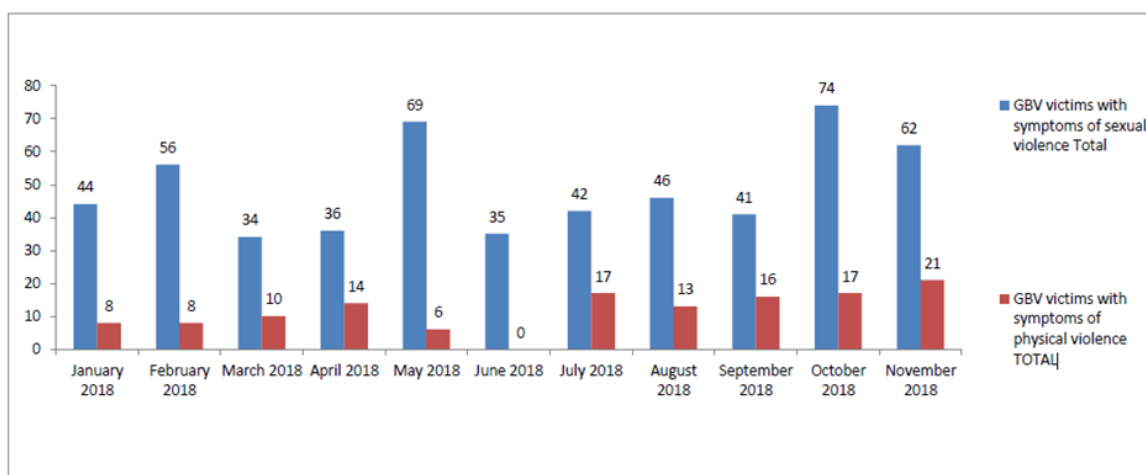


Chart 6: The number of Registered Victims of GBV at One Stop Centre  
Source: Nyamata Hospital, Bugesera district

As a result, there are many cases of teenage pregnancy and teen mothers. In the Kamabuye sector<sup>151</sup> of Bugesera district, which the survey team visited, the number of teen mothers was around 500.<sup>152</sup> A senior staff member of World Vision estimates that the number of teen mothers could be 500 to 2,000 per sector.<sup>153</sup>

The data in Table 9, taken from the Uganda DHS 2014/2015, show the proportion of teenage girls from 15 to 19 years of age who have already had one or more children, as well as those currently in their first pregnancy. The percentage decreased from 11% in 1992 to 4% in 2005, but it is now gradually increasing.

Table 9: Percentage of teens who have already had a child or in their first pregnancy

Year	1992	2000	2005	2010	2015
Proportion of teenage girls from 15 to 19 years of age who have already had one or more children as well as those currently in their first pregnancy (%)	11	7	4	6.1	7.3

Source: prepared based on Rwanda DHS2014-2915. p.74

<sup>150</sup> Committee on the Elimination of Discrimination against Women (CEDAW) (2017) Concluding observations on the combine seventh and ninth periodic reports of Rwanda. p.9

<sup>151</sup> Rwanda’s local administrative divisions are state (Kigali and four states: no administrative functions), District (30), Sector (about 420), Cell (about 2,000) and villages. JICA (2014) Project for Market-Oriented Smallholder Horticulture Empowerment and Promotion (Project formulation study report). p.25

<sup>152</sup> Interview with Plan International (12 Feb 2019)

<sup>153</sup> Interview with World Vision (12 Feb 2019)

A local NGO interviewed 818 girls aged 15 to 18 who had experienced an unwanted pregnancy. What is disturbing is that among the girls interviewed, 75% of them were impregnated as a result of sexual violence. For 87.7%, their first sexual experience was coerced and 88% of them did not receive any support from the perpetrator. Only 1% of the girls received legal assistance.<sup>154</sup>

Social stigma together with fear of the perpetrator makes it difficult to report the violence, and victims of GBV are often silenced.<sup>155</sup> Even parents may keep silent if the perpetrator is a relative or neighbour. It may be partly because the parents tend to be acquiescent after all of their own experiences of abuse and violence during and after the conflict.<sup>156</sup>

Furthermore, young female victims of sexual violence are often from poor families. If they become pregnant, it is difficult for them to go to school and so they drop out. Many of them are chased out of home because it is socially unacceptable to have a baby out of wedlock. They are left alone without any protection, with no education and no skills to earn a decent income. Thus, their children fall into the cycle of poverty. Violence against girls is an invisible social risk in the society of Rwanda which negatively affects socio-economic development for generations.<sup>157</sup>

### 3.2.3. GBV in Refugee Camps

Rwanda is a receiving country of refugees and there are six refugee camps in the country. Most of the refugees come from Congo and Burundi. The largest is the Mahama camp in eastern Rwanda (see Chart 7) established in 2015 when political turmoil pushed people out of Burundi. The Japanese government supported the Mahama camp until 2018. Kigali is where the second largest number of refugees live. There is no camp, but refugees live and work there.<sup>158</sup>

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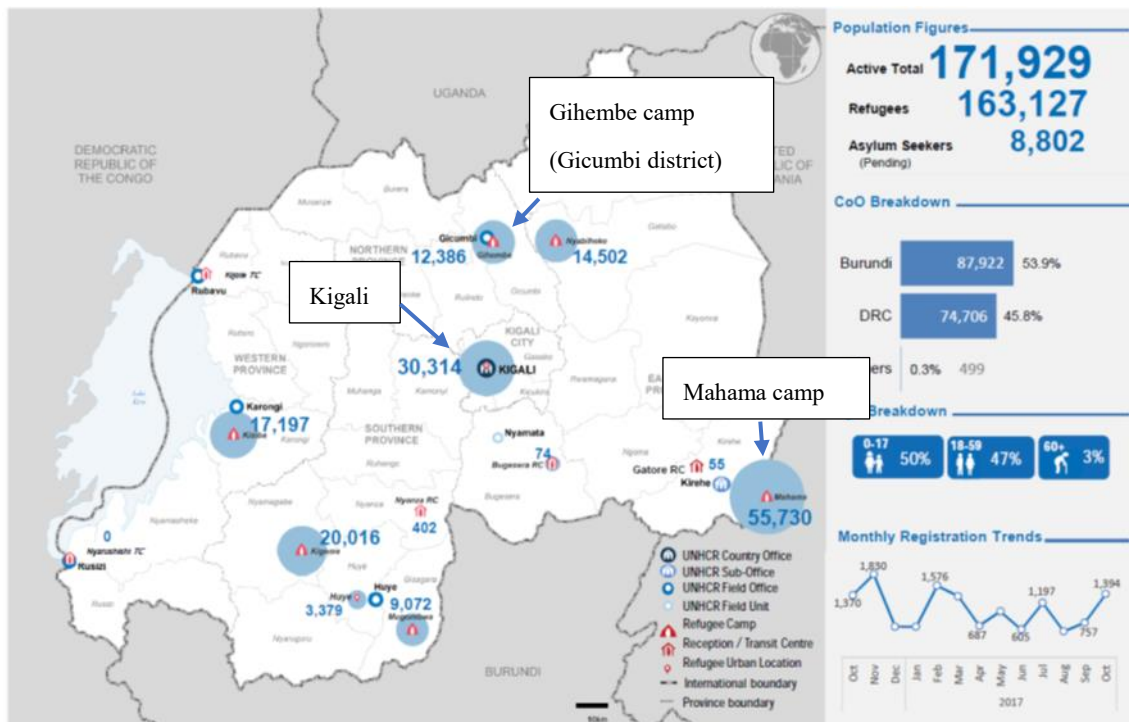
<sup>154</sup> CLADHO (2016) Report on Early/Unwanted Pregnancy for Under 18 Years in 10 districts of Rwanda. p.iv and v

<sup>155</sup> Interview with World Vision (12 Feb 2019)

<sup>156</sup> CEDAW (2017) Concluding observations on the combine seventh and ninth periodic reports of Rwanda. p.7

<sup>157</sup> Stories of the girls supported Plan International project (12 Feb 2019)

<sup>158</sup> <https://www.unhcr.org/rw/>, last accessed on 19 Mar 2019.



Map 5: Location of Refugee Camps in Rwanda

Source: Population of Concern to UNHCR (as of 28 Feb 2019)

<https://reliefweb.int/sites/reliefweb.int/files/resources/68427.pdf>

The majority of sexual violence victims in refugee camps are also minors.<sup>159</sup> At a Congolese refugee camp in Gicumbi district, there were 96 cases of GBV in January 2018, and more than half of the victims were under 18 years old.<sup>160</sup> In refugee camps, in addition to sexual violence, ‘survival sex’ (having sex in exchange for money) is said to increase the number of teenage pregnancies.<sup>161</sup>

### 3.3. Response of the Government

#### 3.3.1. Laws and Polices related to GBV

The government of Rwanda adopted the National Gender Policy and the Strategic Plan to implement the Gender Policy in 2010. In 2011, the National Policy against Gender-based Violence (2011) was launched and the National Strategic Plan Against Gender-based Violence (2011) was developed for implementation of the Policy. There are some other policies relevant to GBV such as those regarding population and health. In general, Rwanda’s GBV laws and policies are well developed (Table 10).

<sup>159</sup> Interview with UNHCR (14 Feb 2019) and Interview with American Refugee Committee (13 Feb 2019)

<sup>160</sup> Interview with American Refugee Committee (13 Feb 2019)

<sup>161</sup> CEDAW (2017) Concluding observations on the combine seventh and ninth periodic reports of Rwanda. p.9

Table 10: GBV Related Laws and Policies

Name of Laws and Policies	Notes
Vision 2020	GBV response will contribute to human development, social stability, governance and inclusive socio-economic system.
Economic Development and Poverty Reduction Strategy	It states GBV hinders citizens' social participation and poverty reduction and incurs social cost.
National Decentralization Policy	Decentralization can facilitate effective GBV response.
National Gender Policy (2010)	Human rights and GBV response are prioritized.
Strategic Plan for the Implementation of the National Gender Policy (2010)	Three-year plan for Gender Policy implementation
Gender Cluster Strategic Plan 2010–2012	Structure and activities of Gender cluster is presented. Community activities for GBV prevention and GBV database are included.
National Policy against GBV (2011)	Coordination framework on GBV issues are laid out.
National Strategic Plan: Fighting Against GBV (2011)	Strategic objectives, activities and budget are set out for prevention, protection, prosecution and coordination,
National Action Plan 2009–2012 The UNSCR 1325/2000 on Women, Peace and Security (2010)	National action plan to implement UNSCR 1325 and 2000. Among the five priorities, the 1 <sup>st</sup> is GBV prevention and the 2 <sup>nd</sup> is GBV victim protection. Activities and budgets are specified.
National Population Policy	Women's participation in household decision making, contraception and GBV response are included in its objectives.
National Reproductive Health Strategy	GBV prevention and response is one of the priorities.
Law No 59/2008 of 10 <sup>th</sup> September 2008, on the Prevention and Punishment of Gender-based Violence;	Marital rape is criminalized.
Law No 27/2001 of 28 <sup>th</sup> April 2001, Relating to Rights and Protection of Children against Violence	Prohibition of sexual violence against children and child marriage.
N° 51/2018 of 13/08/2018 Law relating to the prevention, suppression and punishment of trafficking in persons and exploitation of others	It clearly states that human trafficking is a crime with imprisonment for 10 to 25 years.
The preamble to the 4 <sup>th</sup> June 2003, the Rwandan Constitution	Citizens' rights and gender equality are upheld.
Law No 33 bis/2003 (Crime of Genocide, Crimes against Humanity and War Crimes, Rape and Other forms of Violence)	Rape and other violence are regarded as a war crime against humanity
Law 27/2001 (Protection of Children against Violence)	Protection of children against violence including sexual violence and forced marriage
Penal Code (2018 amendment)	Abortion is allowed for a pregnancy resulting from rape, forced marriage, incest and instances where the pregnancy poses a health risk to the mother. <sup>162</sup>

Source: Prepared by the author based on the information in GBV Strategic Plan (2011) and UN Women Global Database on VAW<sup>163</sup>

<sup>162</sup> <https://www.theguardian.com/global-development/2019/apr/05/paul-kagame-orders-release-of-women-and-girls-jailed-over-abortion-in-rwanda>, last accessed on 9 Apr 2019.

<sup>163</sup> <http://evaw-global-database.unwomen.org/en/countries/africa/rwanda?typeofmeasure=cdc74db6dc3d46249a64347d475e3a69&formofvi>

The government has produced practical guidelines and training materials such as ‘Gender Based Violence Training Module (2011)’, ‘Men Engage on Prevention and Response to GBV and Child Abuse (2015)’, and ‘Draft Guidelines on the Setting Up of Committees to Fight Against Gender-Based Violence and for the Protection of Child’s Rights, from Umudugudu (village) to District Levels’ to supplement laws and policies.

### 3.3.2. GBV Response Mechanism of the Government

In Rwanda, from the national to community level, multi-sectoral response mechanisms are set out to provide support services to women and girl victims of GBV.

#### (1) National Level

##### 1) National Level GBV Coordination and Response Mechanism

###### a) GBV Steering Committee

The GBV Steering Committee is a mechanism to facilitate multi-sectoral responses to GBV led by the MIGEPROF. Members are the top officials from relevant government agencies such as the National Women’s Council (NWC), Gender Monitoring Officer (GMO), Ministry of Health, the police, prosecutors, and the Ministry of Justice. There is also a GBV Technical Committee. The members come from the same agencies as the GBV Steering Committee but are technical-level officials; they gather to discuss and coordinate the implementation of activities.

###### b) Isange One Stop Centres

In 2009, an Isange One Stop Centre was opened within Kacyiru Hospital in Kigali supported by UNICEF, UN Women and UNFPA. The aim was to ensure that GBV victims could receive all services (medical, psychological and legal support) in one place. One Stop Centres were expanded to all districts with support from the Dutch Embassy and the World Bank. Now, there are 44 One Stop Centres in total. There is a hotline for Isange One Stop Centre.

The MIGEPROF coordinates and works with the Ministry of Health and Rwanda Investigation Bureau (RIB). Medical doctors from the hospital (part-time) and full-time staff members (a nurse, a social worker and a psychologist) work at the centre.



Entrance of the One Stop Centre in Kigali  
(14 Feb 2019)

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[olence=fac5fe48636e4d3882bbd2ebbf29bd60](https://www.un.org/womenwatch/daw/interagency-coordination-mechanism-on-gender-based-violence/), last accessed 3 Mar 2019.

GBV victims are received by the social worker, who collects information from the victim and makes a file. This file is used by all staff members so that the victim does not need to repeat her/his terrible experience over and over. Then she/he is sent to other sections for medical care, forensic examination and a hearing. The psychologist provides counselling.

Isange One Stop Centre is well known as a successful model of GBV response and receives many foreign visitors.<sup>164</sup> It is commendable that the centres were expanded in a short period and are operated with government funds.

Nonetheless, it was observed that the system does not function as desired and does not fully meet the needs of victims. The centre in Bugesera district handles cases with care, which can be understood from the neatly collected and analysed statistics. However, the centre has difficulty in providing quality services to victims. Among the constraints the centre faces, the insufficient budget is the main challenge (others include the location of the facility, space and personnel). The Ministry of Health provides the budget for the centre, which is calculated on the basis of the anticipated number of visitors. Though the centre receives 80 to 90 visitors per month, the budget is calculated to cater for 20 visitors per month. As a result, the centre is not able to provide victims with clothes and food or visit communities for follow-ups.<sup>165</sup>

Further, there is only one centre in each district. Bugesera district has a population of 420,000 and Gicumbi 40,000. One centre cannot serve this large population. It is especially difficult for those in remote areas to visit a centre.<sup>166</sup> The government would like to build more centres to improve access, but no concrete plan has been developed.<sup>167</sup> UN Women is not in favour of increasing the number of centres but is interested in solving the problems above and improving the quality of the existing centres.<sup>168</sup>

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<sup>164</sup> Government of Rwanda (2016) *Isange One Stop Centre: Rwanda's Holistic Approach to Fighting Gender Based Violence and Child Abuse*. Fountains Publishers: Rwanda.

<sup>165</sup> Interview with One Stop Centre in Bugesera district (12 Feb 2019)

<sup>166</sup> CEDAW (2017) Concluding observations on the combine seventh and ninth periodic reports of Rwanda. p.14

<sup>167</sup> Interview with RIB (14 Feb 2019)

<sup>168</sup> Interview with UN Women (14 Feb 2019)





One Stop Centre in Bugesera district  
(Medical consultation room)  
(19 Feb 2019)



One Stop Centre in Bugesera district  
(A room for child victims)  
(19 Feb 2019)

2) National Level Government Stakeholders

a) The MIGEPROF<sup>169</sup>

The MIGEPROF leads the facilitation and development of gender- and GBV-related laws and policies. Anti-GBV officers come under the Family Promotion and Child Unit. Chart 7 shows the organizational structure of the MIGEPROF.

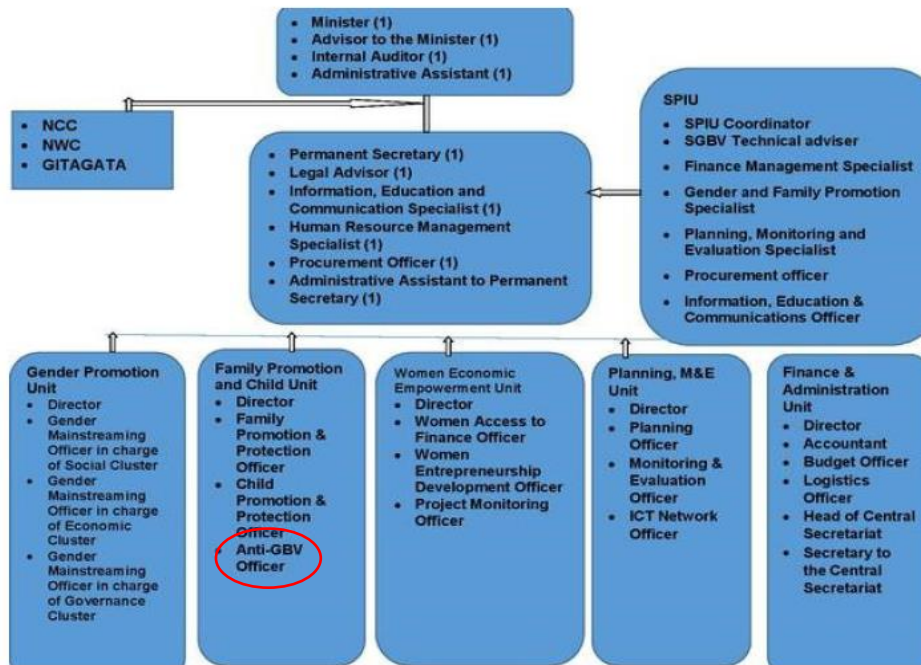


Chart 7: Organizational Structure of MIGEPROF

<sup>169</sup> MIGEPROF forms the national gender machinery together with NWC, GMO, and Rwanda Women Parliamentarian Forum.

In addition to development of policies and guidelines related to GBV, the MIGPROF leads national programmes such as Parents Evening Forum. This forum is organized every week with the goals of the dissemination of laws and regulations. Friends of Family is a child protection programme under the National Commission for Children. A man and a woman selected from the community work as volunteers on child protection and child and family issues. They also conduct awareness raising on GBV. They handle cases of GBV against children and refer them to the appropriate institutions.<sup>170</sup>

b) National Women's Council (NWC)

The NWC is affiliated with the MIGEPROF (its budget is separate from the MIGEPROF, coming from the Ministry of Finance). It is in charge of policy implementation and coordinating implementing partners. There are 19 staff members at the NWC at the national level. In addition, NWCs are found at all levels of local administration at the district level and under. NWCs at the local level work on capacity building for women and advocacy. While NWC members at the national level are public servants, members at other levels are volunteers selected by women at each level. Volunteers serve for five years. The national-level NWC provides each level's NWC with training once a year.

c) Gender Monitoring Office (GMO)

The Gender Monitoring Office (GMO) monitors and evaluates the implementation of both government and private gender-related mechanisms, policies and service delivery and makes recommendations to policy makers based on the evaluation results. It is strongly related to the MIGEPROF and NWC but falls under the Office of the Prime Minister. It has 37 staff members, among which five are in charge of GBV. The GMO conducts evaluations of a couple of selected districts four times a year.

d) Gender Desk of the Police

In 2007, the Gender Desk was established at the National Police and National Defence Force. The Desk coordinates GBV-related issues and collects related information. The police have a couple of hotlines including the numbers for GBV response.

(2) Local Level

Rwanda has five levels of local administrative divisions. The first one is the capital, Kigali, and four states (Eastern, Western, Southern, and Northern states with no administrative functions), district (about 30 districts), Sector (about 420 sectors), Cell (about 2,000 cells) and villages. GBV

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<sup>170</sup> Interview with MIGEPROF (14 Feb 2019)

response mechanisms are established at different levels.

#### 1) Local Level Coordination Mechanism

The same coordination system as the national level has been established at the local level. The guidelines for setting-up GBV committees developed by the MIGEPROF inform the structure, roles and responsibilities of the committee members.<sup>171</sup>

The committee at the district level is chaired by the deputy mayor of the district.<sup>172</sup> The committee is attended by the Gender Officer (see 2) ‘Local Level Government Stakeholders’, a) below) who is the coordinator of the GBV Committee, NWC members, representatives of relevant departments and NGOs.

GBV Committees at the district level, however, do not function well yet. In Bugesera district, the newly set-up GBV Committee only exchanges information. Although there is some cooperation between the One Stop Centre staff and an NGO in providing awareness-raising sessions for women’s groups, it does not have the capacity for coordination and facilitation of the GBV prevention and response activities of the member organizations.

The GBV Committee in Gicumbi district does not have much involvement with NGOs. The Gicumbi Gender Officer seemed not to consider NGOs as an integral part of the committee, saying that NGOs can be invited. In Gicumbi district, the American Refugee Committee, which has been operating in Rwanda since 1994, has supported refugees in the camp in the Gicumbi district for many years. However, this NGO does not actively participate in the committee; a staff member of the NGO simply said that the NGO was once invited to the committee. This indicates that, in the case of Gicumbi, the committee has a weak network and does not grasp the overall picture of the district. Further down from the district level, at the sector or cell levels, GBV committees have not been established yet.

Chart 8 below shows the coordination framework for GBV prevention and response. This includes national-level initiatives and major resources at different levels. The cream colour denotes coordination mechanisms, green is the national-level programmes and blue is the private-sector resources.

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<sup>171</sup> MIGEPROF (n.d.) Draft Guidelines on the Setting up of Committees to Fight against Gender-Based Violence and for the Protection of Child’s Rights, from Umudugudu to district Levels

<sup>172</sup> Each district is headed by a mayor who is supported by two deputy mayors. One of the deputy mayors, who is in charge of social issues, is the chair of the GBV Committee. Interview at Bugesera district (12 Feb 2019)

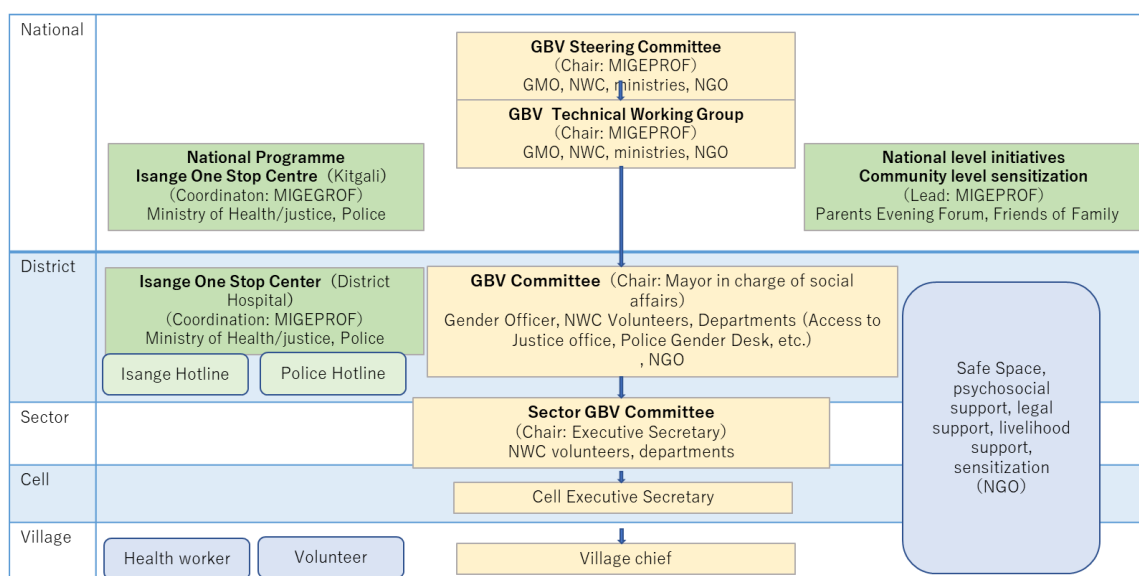


Chart 8: GBV coordination framework  
Source: prepared by the author based on the interviews

## 2) Local Level Government Stakeholders

### a) Gender and Family Protection Officer at the district office (Gender Officer)

One district staff member is assigned as a Gender and Family Protection Officer (or Gender Officer) to be a focal point for family issues, child protection and gender. The Gender Officer is also a focal point for the MIGEPROF, NWC and GMO.

For GBV, the Gender Officer is in charge of community awareness raising activities, data collection, advocacy, referrals, communication and coordination with the One Stop Centre and NGOs, and coordination of the GBV committee. Thus, they are rather overworked. Among the two districts that the survey team visited, in Bugesera district, the Gender Officer manages to perform the tasks in close cooperation with NGOs and the One Stop Centre. In contrast, the Gender Officer of Gicumbi district who is assigned as a Governance Officer as well does not play an active role like the Bugesera Gender Officer does.

The relation between Gender Officers and the MIGEPROF is not clear and there is not much support from the MIGEPROF for Gender Officers. The Bugesera Gender Officer said that she reported to the MIGEPROF, but the MIGEPROF official said that Gender Officers are not obliged to report to the MIGEPROF and that she would contact gender officers when necessary. The Bugesera Gender Officer also said that she had attended two training courses conducted by NGOs and one on family by the NWC in the last nine years, but none by the MIGEPROF. Thus, it is understood that there is not much support from the MIGEPROF.

#### b) Other staff in charge of GBV

Each district has three Access to Justice Officers and one of them takes charge of GBV. The officer in charge will explain the court procedure to victims and defend them in the district court. She/he follows up on the cases, including matters such as reparation.

The district police also have a GBV Officer (also called the Gender Desk). She/he works with the investigation officer of the One Stop Centre.<sup>173</sup>

The NWC has seven members each at the district, sector, cell and village levels. The positions include coordinators and secretaries, and advisors for some specific areas such as economics and governance. GBV falls under the advisor on social issues. They do not have an office in the administrative offices and come to the district or other offices only when necessary.

### 3.4. Support from the International Community

This section presents the support by the major donors, and then support activities by international organizations and NGOs.

#### 3.4.1. Support by the Major Donors

The major donors for GBV response in Rwanda include the World Bank, DFID, and the government of the Netherland.

##### (1) World Bank

The World Bank supported expansion of Women's safe spaces (see 3.4.2. 'Support for GBV Prevention and Response by the International Organizations and NGOs', (1)). The World Bank also supported the expansion of the Isange One Stop Centres with 15 million USD credit as part of the Great Lakes Emergency Sexual and Gender Based Violence & Women's Health Project (2014 to 2019) supporting Rwanda, Burundi and the Democratic Republic of Congo.<sup>174</sup> The World Bank is now considering supporting the establishment of a national database. However, there are several databases, such as GBV IMS (information management system), one for the One Stop Centres, the IMS of the Ministry of Health, and the National Police database, and it will be difficult to integrate all these different databases.

##### (2) DFID

Rwanda is one of the 13 target countries of the global programme, 'What Works', supported by DFID, which aims to prevent violence against women and girls. In Rwanda, under this programme, CARE is implementing a project called 'Indashyikirwa (Agent of Change)' in 8 districts of Rwanda in partnership with Rwandan Men's Resource Centre (RWAMREC) and

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<sup>173</sup> Field visit to Bugesera district (12 Feb 2019) and Gicumbi district (12 Feb 2019)

<sup>174</sup> <http://www.worldbank.org/en/news/press-release/2014/08/06/rwandan-government-and-wbg-sign-agreement-to-help-survivors-of-sexual-and-gender-based-violence-in-rwanda>, last accessed on 12 Apr 2019.

Rwanda Women's Network (RWN) since 2014. The project uses Village Savings Association as an entry point, and use SASA! for sensitization, aiming transformation of social norms and behaviour with the involvement of community members.<sup>175</sup> An impact study of this project is being conducted as well.<sup>176</sup>

### (3) Government of Netherland

The government of the Netherland supported expansion of the Isange One Stop Centres. In 2016, it supported capacity development of RIB and the National Police.<sup>177</sup> It also supports the project 'Every Voice Counts' from 2016 to 2020. This is being implemented by CARE and a local NGO, Pro-Femme, to promote participation of grass-roots women in local decision making and engagement and social accountability of local leaders aiming at enhancing women participation and influence in governance processes to address GBV.<sup>178</sup> The government of the Netherland is going to support a joint programme of UN Women and UNFPA (UNFPA will provide support on clinical management of GBV).<sup>179</sup>

## 3.4.2. Support for GBV Prevention and Response by the International Organizations and NGOs

### (1) Safe Space for Women

A local NGO, Rwanda Women's Network (RWN), has established 22 safe spaces for women, which function as prevention and protection facilities. The first 14 spaces were built with DFID funding. MIGEPROF appreciated these spaces and wanted to build more. Thus, RWN, in cooperation with MIGEPROF, built another eight spaces with support from the World Bank.

A field officer is assigned to each space and facilitates a group of 30 to 50 women as they discuss issues such as GBV, gender, and leadership. There are specific days for girls, which are separate from the adult women's days because the two groups have own unique needs. These spaces also offer literacy classes, counselling, referrals and sensitisation outreach. Women can gather and talk about whatever they want in these spaces, nurturing a sense of belonging, bonding and friendship.

These spaces can potentially serve as protection (e.g. referral) and self-reliance support (e.g. skills training); however, at this moment, they mainly serve the purpose of prevention. RWN is interested in expanding the spaces and linking them to the One Stop Centres so that the spaces

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<sup>175</sup> <https://www.whatworks.co.za/about/global-programme/global-programme-projects/item/54-indashyikirwa-agents-of-change-for-gbv-prevention>; <http://care.org.rw/our-work/programs/vulnerable-women/vw-projects/item/232-indashyikirwa-project>, last accessed on 9 Apr 2019.

<sup>176</sup> <http://same.lshtm.ac.uk/projects-2/indashyikirwa-agents-of-change/>, last accessed on 9 Apr 2019.

<sup>177</sup> Interview with UN Women (14 Feb 2014)

<sup>178</sup> <https://www.careneland.org/wp-content/uploads/2017/07/Rwanda-Case-study-CSC.pdf>; [http://www.profemmes.org/spip.php?page=programs&id\\_article=22](http://www.profemmes.org/spip.php?page=programs&id_article=22), last accessed on 9 Apr 2019.

<sup>179</sup> Interview with UNFPA (15 Feb 2014)



can help women access the Centres in the district capitals (referral), but RWN does not have any concrete plans yet.



Discussion on GBV at a Safe Space of RWN (The woman standing at the corner is the facilitator) (12 Feb 2019)



Teen mothers attending a Plan International project (12 Feb 2019)

## (2) Women's Economic Empowerment activities

Women's economic empowerment is indispensable to GBV prevention and women's self-reliance. UN Women, together with NWC and CARE, is implementing a women's economic empowerment programme with the view that poverty increases women's vulnerability to GBV. The programme supports women's economic activities, such as employment and income generation, to prevent GBV and facilitate victims' social integration. This intervention supports women by providing government guarantees for bank loans and business planning training; it has resulted in a reduction in GBV. However, the intervention did not specifically target GBV victims.

## (3) Self-Reliance and Independence of Teen Mothers

Support activities targeting GBV victims, especially teen mothers, have been implemented by some NGOs. Plan International in Bugesera district has just started implementation of a project targeting teenage mothers, who are victims of GBV. The girls formed groups and received group therapy and learn about saving and support to secure economic independence and social integration. The girls save money (one share is 250 Rwandan Franc, about 30 yen at the exchange rate from February 2019) every week, hoping to start small businesses one year later.

One of the girls said, "When I found out I was pregnant, I thought my life was over." All the girls share such difficult past, but they learn to hope through group discussions and activities.<sup>180</sup>

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<sup>180</sup> Nonetheless, their lives are never easy. One girl is an orphan who lived with a foster family. She gave birth to a child when she was 16 years old and was kicked out by the family. She lives alone with her baby. She does casual work and sometimes earns 500 Rwandan Franc (about 73 yen). Sometimes she has no income and cannot buy food. She needs to borrow money from other girls in the group. Stories of the girls supported by the Plan International project (12 Feb 2019)

#### (4) GBV Response in Refugee Camps

NGOs provide protection of refugee GBV victims. In Gicumbi district, there is a Congolese refugee camp that accommodates 12,000 refugees. This camp is supported and managed by the American Refugee Committee (ARC). DV and sexual violence against young girls are problems in the camp. More than half of the rape victims are girls 18 years old or younger, and the number of minors being raped is increasing. Child and forced marriages are also an issue in the camp. A police station and a health centre established within the camp support GBV victims. There is a safe room where a GBV victim can stay, too. Sometimes GBV victims are referred to the One Stop Centre in the district.<sup>181</sup> The Mahama camp for Burundian refugees in eastern Rwanda has a safe house, called the Opportunity Centre, where women can receive counselling. This camp has its own police hotline for reporting.<sup>182</sup> ARC also hosts livelihood activities for refugees, but it does not aim to specifically support GBV victims.

### 3.5. Challenges and Support Gaps in GBV Prevention and Response

The government of Rwanda recognises the prevalence of GBV, such as sexual violence against teenage girls and teen pregnancy, and seeks to strengthen its work to eliminate GBV.<sup>183</sup> The government, international organisations and NGOs have established mechanisms for responding to GBV at every level, from the national to the community. Gender Officers at the district offices, gender desks at police stations and the One Stop Centres all support GBV victims. However, there remain challenges in implementing support services.

The district offices and One Stop Centres have insufficient personnel and budget. GBV committees do not yet perform well. In the end, most services on the ground are delivered by NGOs.

The following are challenges and gaps in the four aspects of the GBV support framework: prevention, protection, prosecution, and self-reliance and social integration.

#### 3.5.1. Prevention

Even though policies and plans have been developed and various programmes have been implemented, the population still does not know enough about GBV prevention, response and victim services. Given the seriousness of teenage pregnancy, it is imperative to deepen youth's understanding of gender and GBV. More awareness-raising and sensitisation activities are required.

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<sup>181</sup> Interview with American Refugee Committee (13 Feb 2019)

<sup>182</sup> Interview with UNFPA (15 Feb 2019)

<sup>183</sup> The first lady “challenged Government officials and partners to work hard to address these social challenges especially teenage pregnancies” at the occasion of the International Women’s Day 2019. MIGEPROF Home Page. [https://migeprof.gov.rw/index.php?id=61&tx\\_news\\_pi1%5Bnews%5D=390&tx\\_news\\_pi1%5Bcontroller%5D=News&tx\\_news\\_pi1%5Baction%5D=detail&cHash=b9e38980107c96c970861d7ced97bce2](https://migeprof.gov.rw/index.php?id=61&tx_news_pi1%5Bnews%5D=390&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Baction%5D=detail&cHash=b9e38980107c96c970861d7ced97bce2), last accessed on 20 Mar 2019



### 3.5.2. Protection

Referral and coordination mechanisms for GBV victims are in place, but they do not operate in a systematic way. Rather, the current referral system largely relies on individual officials' and staff members' personal networks. For example, the Gender Officer of Bugesera district is in close contact with the One Stop Centre and frequently goes to the Centre. This coordination is possible because of personal effort and relationships, not institutional relationships. The Gender Officer of Gicumbi district also regularly collects information from the One Stop Centre; however, it was observed that he did not actively make referrals.

Another obstacle to an effective referral and coordination system is incomplete resource mapping for each district. While the Gender Officer of Bugesera district closely cooperates with NGOs in the district on a small scale, the Gender Officer of Gicumbi district does not interact with NGOs. In Gicumbi district, the American Refugee Committee has long supported refugees but does not engage in joint activities.

Limited access to One Stop Centres is another issue. The government would like to establish more centres, but expansion may not be realistic, given that the existing centres do not have enough budget and resources.

Therefore, it is necessary to enhance cooperation and networking among a wider range of stakeholders. It could help the government and CSOs use resources more efficiently. One example of such a collaboration could occur between One Stop Centres and NGOs' safe spaces. If a systematic collaboration were in place, the safe spaces in remote areas could make more efficient referrals to One Stop Centres.

### 3.5.3. Prosecution

It is difficult for GBV victims to report cases because neither the young victims nor their families know about the laws and victim support. Stigma and pressure from the community also suppress reporting.<sup>184</sup>

In fact, the penalty for rape is not lenient. Raping a victim younger than 15 years old results in a life sentence, and in cases with victims aged between 15 and 18 years, the sentence is 20 years.<sup>185</sup> However, in some cases, this severity has an opposite effect; it is reported that village-level mediation is preferred because it avoids heavy punishment.<sup>186</sup>

Inadequate punishment means no benefit from filing cases, resulting in victims possibly not going to court. Then, perpetrators face no punishment. This makes a vicious cycle.<sup>187</sup> Thus, further dissemination of laws and regulations, awareness-raising, and stronger victim protection

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<sup>184</sup> Interview with UNFPA (15 Feb 2019)

<sup>185</sup> Interview with Access to Justice Bureau Coordinator in Bugesera district (12 Feb 2019)

<sup>186</sup> Interview with UNFPA (14 Feb 2019)

<sup>187</sup> Interview with Rwanda Women's Network (11 Feb 2019)

are required.

#### 3.5.4. Self-Reliance and Social Integration

Sexual violence against girls and resulting teenage pregnancy have serious consequences – with their babies, many girls are kicked out of their homes – and immediate action is required. Support organisations may first try to reconcile the girls and their families, but it is difficult to achieve. In Bugesera district, all the girls who shared their stories with the survey team lived alone with their babies. These girls dropped out of school and had no skills. They can do only casual work and live hand-to-mouth. This condition makes them extremely vulnerable.

Along with psychosocial and livelihood support, these girls need opportunities for education, vocational and life skill training as well as small business start-up and child care support.

The government does not have facilities to provide such support. One Stop Centres can accommodate GBV victims only for a couple of days and do not have a system to support social integration. In Kigali, there is an NGO-run shelter and several NGOs, like CARE, have a project specifically targeting teen mothers; however, the number of girls who need support apparently exceeds their capacity.

#### 3.6. Proposal for JICA's intervention

This section examines ideas for intervention which can tap on the advantages of JICA based on the situation and analysis of GBV in Rwanda and support needs. First, it introduces an existing JICA support to Rwanda which has the potential to contribute to effective GBV victim support, then proposals for interventions follow.

##### 3.6.1. On-going JICA Interventions: Potential for Cooperation with Social Entrepreneurs

In supporting Rwanda's ICT Growth Strategy, JICA has been working on human resource development and incubation services. In 2012, the Rwandan government opened an incubation space called "k-Lab" in the centre of Kigali with support from JICA. This space is open to the public and anyone can use the facility. There is a free space where users can work on their own PCs and a large space for meetings and workshops. As of November 2018, 2,033 young entrepreneurs have registered at k-Lab and participated in matching workshops with Japanese companies. Sixty-five enterprises are established, and some are already growing and attracting foreign investors.<sup>188</sup>

The active, young entrepreneurs working in the incubation lab can be new resources for GBV response. Young entrepreneurs, when they understand the seriousness of GBV issues in their society, may start thinking about social enterprises that employ GBV victims or provide services

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<sup>188</sup> [https://www.jica.go.jp/topics/2018/20181112\\_01.html](https://www.jica.go.jp/topics/2018/20181112_01.html) and <http://world-diary.jica.go.jp/ogotomoko/person/k-labfab-lab.php>, last accessed on 3 Mar 2019.

to meet GBV victims' needs. Teen mothers in rural districts have mobile phones,<sup>189</sup> which means it should be possible to use them for employment or remote counselling services.

### 3.6.2. Proposals for JICA Intervention

The proposals for Rwanda focus on self-reliance and social integration. Many stakeholders expressed concerns about teenage pregnancy during the field work of this survey. Indeed, it is an urgent issue, considering its long-term consequences on the lives of the girls and their children. Young mothers need to acquire income generating skills to be economically independent. Yet even the livelihood projects whose target includes GBV victims do not always attend to the unique needs of GBV victims.

Another concern is improving cooperation among stakeholders. Rwanda has good infrastructure, including the Isange One Stop Centre and GBV committees. However, the districts are too large for one centre to manage, and more cooperation is needed between the government and NGOs. Some districts do not have close contacts with local NGOs, and they miss the opportunity to share resources.

Thus, the intervention proposed here aims to strengthen the GBV response structure through local cooperation, facilitate self-reliance and social integration, and develop a support system model. Table 11 and 12 presents the proposed activities for Rwanda.

Table 11: Intervention Idea for Rwanda 1

Major issues to be addressed	<p>This project will facilitate the coordination and cooperation of existing GBV committees and other mechanisms to support GBV victims who have unstable income, such as teenage GBV victims. Specifically, it will facilitate more effective referrals and cooperation among and between government agencies and the private sector (e.g. within GBV committees at the district level, GBV committees and NGOs, One Stop Centres and NGOs).</p> <p>It will also directly support GBV victims, who are trying to build self-reliance, by connecting them with a wider network of women and social entrepreneurs, who in turn can learn about GBV issues and victims' needs.</p>
Purpose of the intervention	<p>To establish a district-level service implementation model for GBV prevention, victim protection and self-reliance and social integration.</p> <p>To strengthen the government's capacity to deliver services and realise effective GBV victim protection and prevention.</p>

<sup>189</sup> Easy access to information resulted from development of ICT, and diffusion of mobile phones can increase the risk of sexual violence against girls (Interview with World Vision (12 Feb 2019)); thus, there is a need for awareness raising about the use of technology.

Areas of intervention	Prevention, Self-reliance and social integration
Counterpart	National Women's Council or MIGEPROF
Support type	Individual expert
Expected impacts	<ol style="list-style-type: none"> <li>1. GBV Committees at the district level are revitalised and the members (e.g. the police, NWC, judiciary, education and school staff, NGO, the private sector) share information and build strong networks for systematic collaboration.</li> <li>2. Local level GBV prevention interventions is strengthened.</li> <li>3. Support to GBV victims for self-reliance (especially economic independence) and social integration is strengthened.</li> <li>4. An intervention model for GBV victims' protection, self-reliance and social integration, and GBV prevention is identified.</li> </ol>
Cooperation with existing JICA projects	The project will facilitate service provision by social entrepreneurs for GBV victims.

Table 12: Intervention Idea for Rwanda 2

Major issues to be addressed	GBV victims such as those who were raped and gave birth to a baby do not receive any support from their family and live alone. There is strong need for them to be able to sustain themselves economically.
Purpose of the intervention	To facilitate Japanese businesses which come to k-lab for a business matching to understand the difficulties and needs of GBV victims so that GBV victims support through businesses is developed.
Areas of intervention	Self-reliance and social integration
Counterpart	N.A.
Support type	business to solve social problems (SDGs business)
Expected impacts	The private sector develops businesses that benefit GBV victims so that GBV victim support can be sustainable and extensive.
Cooperation with existing JICA projects	It may explore the possibility to link social and women entrepreneurs in Rwanda with the Japanese private sector through JICA's Public-Private Partnerships Programme. <sup>190</sup>

<sup>190</sup> Rwanda's rank in the World Bank's Doing Business is 41<sup>st</sup> among 190 countries and the second among the African countries, after Mauritius. (Source: World Bank Group (2018) Doing Business)

## 4. Survey Result: South Sudan

### 4.1 Conflict in South Sudan

South Sudan has a long history of conflict. The first civil war, beginning in 1955, for independence from the North, and the second civil war, beginning in 1983, claimed the lives of about 2 million people and displaced four million people.<sup>191</sup> Even after the signing of the Comprehensive Peace Agreement (CPA), tribal conflicts continued in various parts of the country. Attacks by the Lord's Resistance Army (LRA) as well as an influx of returning refugees from Sudan exacerbated the already dire situation.<sup>192</sup>

Within the framework of the CPA, an Interim Constitution was established in 2005 and Dr John Garang, the leader of the Sudan People's Liberation Movement (SPLM), became the president of the interim government. Salva Kiir Mayardit succeeded Dr Garang after he died in an accident in 2005. In the January 2011 referendum, more than 98 per cent of the people of Southern Sudan voted for independence. In July 2011, the Transitional Constitution was enforced, and the Republic of South Sudan became an independent state. The United Nations Mission in South Sudan (UNMISS) was dispatched to support the new state.

The independence of Southern Sudan, however, did not bring stability to the people. Because of the disputes between Sudan and South Sudan over oil production, the economy of South Sudan was adversely affected. Without a common enemy, factional tensions within South Sudan came to the fore after independence. Inter-ethnic violence and cattle raids kept ravaging the country.

Furthermore, the discord between President Salva Kiir, who belonged to the Dinka ethnic group, and Vice President Machar, from the Nuer ethnic group, intensified and turned into a clash of armed guards in Juba in December 2013. Fighting spread to other parts of the country. It is estimated that 10,000 people died in the three months following this incident.

In August 2015, through the mediation of the Intergovernmental Authority on Development (IGAD), the two sides signed a peace agreement called the "Agreement on the Resolution of the Conflict in the Republic of South Sudan (ARCSS)", which required an indefinite ceasefire and the formation of a transitional national unity government. The national unity government was established in April 2016. However, mistrust between President Salva Kiir and first Vice President Machar, who returned to Juba, led to another clash in July 2016. First Vice President Machar fled the country, and Taban Deng Gai, from the opposition, became the First Vice President.<sup>193</sup>

In June 2017, the process of "South Sudan's High-Level Revitalisation Forum" and the revitalisation of ARCSS began. In September 2018, the "Revitalised Agreement on the Resolution

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<sup>191</sup> Republic of South Sudan (2015) South Sudan National Action Plan 2015-2020 on UNSCR 1325 on Women, Peace and Security and Related Resolutions

<sup>192</sup> Ibid.

<sup>193</sup> JICA (2017) Country Gender Profile: Republic of South Sudan Final Report

of the Conflict in the Republic of South Sudan (R-ARCSS)” was signed and the opposition started returning to Juba to establish an interim government based on R-ARCSS.<sup>194</sup>

Juba is relatively calm, but the conflict in South Sudan continues as the political conflict has merged with tribal tension in rural areas and destabilises the country. In January 2019, in Tonj State, 105 people were killed and 47 wounded after an armed cattle rustling.<sup>195</sup> In February 2019, a rebel group that teamed up with government forces fought against another rebel group, which does not accept R-ARCC, in Yei River State. This clash caused the death and displacement of hundreds of people.<sup>196</sup>

#### 4.2 GBV in South Sudan

Ongoing, prolonged conflicts have significantly influenced GBV in South Sudan. Women and girls have been targeted with GBV, especially sexual violence, as a weapon of war.<sup>197</sup> Although there are no accurate data on sexual violence in conflicts, evidently many factions have committed systematic rape.<sup>198</sup> Five hundred to 1,000 girls and boys seem to have been abducted for sex slavery or forced labour.<sup>199</sup>

At present, GBV in conflict continues. Further, many women and girls are abducted and raped during the cattle rustling between tribes. They are at risks of GBV while travelling on foot to collect firewood and fetch water.<sup>200</sup> In November 2018, in Bentiu, in the northern part of the country, 125 women and girls were attacked by an armed group, robbed and raped over 10 days. The victims included young girls below 10 years old and elderly women over 65 years old.<sup>201</sup>

Women were also vulnerable in the camps for IDPs and refugees. They were in an unfamiliar environment often without trustworthy people. They had to travel a long distance for firewood, water or casual labour, risking their safety.<sup>202</sup>

In South Sudan, in general, many women and girls have been suffering GBV, such as DV, and “approximately 65 per cent of women and girls have experienced physical and/or sexual violence in their lifetime.”<sup>203</sup> What is regarded as the most serious problem in South Sudan is DV rather than GBV committed by armed groups. About 51 per cent of women have suffered intimate

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<sup>194</sup> JICA internal memo dated Jan 2019

<sup>195</sup> <https://edge.ug/2019/01/21/105-dead-in-south-sudan-cattle-raids/>, last accessed on 2 Mar 2019

<sup>196</sup> <https://www.voanews.com/a/villagers-describe-horrific-violence-in-south-sudan-s-rebel-controlled-yei-river-state/4779213.html>, last accessed on 2 Mar 2019

<sup>197</sup> Government of South Sudan (2014) National Evaluation Report on the Implementation of the Beijing Declaration and Platform for Action (1995)

<sup>198</sup> MGSCW (2012) National Gender Policy

<sup>199</sup> Interview with UNMISS (18 Feb 2019)

<sup>200</sup> In Gbudue state and Tambura state in West Equatoria, between April and August 2018, at least 458 women and girls were abducted. UNMISS and OHCHR (2018) Violation and Abuses against Civilians in Gbudue and Tambura States (Western Equatoria) April–August 2018

<sup>201</sup> Médecins Sans Frontières (MSF) Press release dated 30 Nov 2018. <https://www.hrw.org/news/2018/12/18/south-sudan-spate-sexual-violence>, last accessed on 2 Mar 2019

<sup>202</sup> MGCSW (2013) ‘Women’s Peace and Security’ Resolution 1325 in South Sudan Baseline Study

<sup>203</sup> UNICEF South Sudan (2018) Gender Based Violence. Briefing Note. August 2018

partner violence.<sup>204</sup>

Child marriage is also a serious issue in South Sudan. Among married women aged between 20 and 24, 52% wed before they reached 18, the fifth highest percentage in the world. 9% of them were married before they turned 15.<sup>205</sup> A recent study in Nyal in Unity state, shows that 71% of women were married before reaching 18 years old, and 10% before 15.<sup>206</sup>

Underneath such violence, the patriarchal system of South Sudan instils values, practices and social norms that discriminate against women. It subordinates women to men. Polygamy is socially accepted and a single man having 8 to 10 wives is not uncommon.<sup>207</sup> This unequal power relationship and men's desire to control women lead to GBV.

For example, there is a custom of bride price in South Sudan. Girls are often forced to marry young so that their parents can receive bride prices and pay for their sons' marriages. Thus, there are many cases of child marriage among young girls aged 12 or 13. In November 2018, one South Sudanese family posted a photo of a 16-year-old daughter on Facebook to find her groom. This auction post went viral. Heavily criticised, Facebook deleted it. Bidders included a high ranking official of South Sudan, and the one who offered 500 cows, three vehicles, and 10,000 USD won the girl.<sup>208</sup> Such young wives lose educational opportunities and have no option but to depend on their husbands. They are extremely vulnerable to DV.

### 4.3 Response of the Government

#### 4.3.1 Laws and Policies related to GBV

Legislation in South Sudan has not developed as it has in Uganda or Rwanda because of the confusion after independence. There is a lack of a family law that stipulates marriage, divorce and inheritance. Lack of such a law undermines the standing of women.<sup>209</sup> Table 13 shows South Sudan's laws and policies that relate to GBV.

Table 13: GBV Related Laws and Policies

Name of Laws and Policies	Notes
Transitional Constitution	The right to marry with the free and full consent and the rights of children were stated.
Penal Code Act, 2008	Prohibition of FGM and forced marriage. Co-habitation of unmarried couple is not allowed. Marital rape is not criminalized.
The National Gender Policy 2012	It states that gender equality and women's empowerment must be an integral part of all policies,

<sup>204</sup> UNICEF South Sudan (2018) Gender Based Violence. Briefing Note. August 2018

<sup>205</sup> Ministry of Health (2013) South Sudan Household and Health Survey 2010

<sup>206</sup> Oxfam (2019) Born to be Married: Addressing early and Forced Marriage in Nyal, South Sudan

<sup>207</sup> Interview with IOM (22 Feb 2019)

<sup>208</sup> <https://edition.cnn.com/2018/11/20/africa/south-sudan-child-bride-facebook-auction-intl/index.html>, last accessed on 2 Mar 2019

<sup>209</sup> Interview with National Alliance for Women Lawyers (20 Feb 2019)

	programmes and activities of the government and the private sector.
Action Plan for Inter-Ministerial Gender Technical Committee (IMGTC) 2016/2017	An action plan of the network of the gender focal points of ministries including training plans.
Child Act 2008	Protection of girls from sexual abuse, sexual exploitation and sexual violence; prohibition of expelling a student from school for the reason of pregnancy; prohibition of child marriage and FGM.
National Reproductive Health Policy 2013	Aiming to reduce maternal mortality rates and infant mortality rates. Reproductive health and rights are recognized.
National Action Plan for the Implementation of UNSCR1325	Women's participation in decision making, women's safety and response to sexual violence are promoted.
End Child Marriage in South Sudan: Strategic National Action plan 2017-2030	Prohibition of child marriage
Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan	In the 5 <sup>th</sup> chapter on the transitional justice, it clarified the GBV is a grave crime to be judged at the Hybrid Court. It puts emphasis on the importance on protection of victims and witnesses.

Source: legal documents, UN Women Global Database on VAW, and Field notes

In addition to the laws and policies above, the government has produced 'Standard Operating Procedures (SOP) for the Prevention, Protection and Response to Gender Based Violence (GBV) in South Sudan, 2014', which delineates procedures of reporting and referrals, and roles and responsibilities of each stakeholder, and 'Gender Mainstreaming and Sensitisation Manual for Public Service, Republic of South Sudan' to provide technical assistance to GBV stakeholders.

#### 4.3.2 GBV Response Mechanism

##### (1) National Level Mechanism

###### 1) National Level GBV Response Mechanism: One Stop Centre

The Ministry of Gender, Child and Social Welfare (MGCSW) and the Ministry of Health are in the process to establish One Stop Centres in government hospitals with support of UNFPA. A One Stop Centre is a facility where GBV victims can receive medical, psychological and legal support all in one place. The Ministry of Health directs the centres and social workers come from the national and state MGCSWs. The social workers are trained by UNFPA and other support organisations. At the time of writing, there were four centres in four hospitals, including Juba Teaching Hospital. It is planned to build another five centres by the end of March 2019.

The One Stop Centre in the Juba Teaching Hospital has two doctors, one social worker and one part-time lawyer. The building looks pre-fabricated and the rooms are small, which makes keeping victims' privacy difficult.

There are some other concerns observed during the visit of the survey team. First, when the



survey team arrived at the centre, no one was in the office. The doctor who came late did not know whereabouts of other staff members. It is questionable if the centre can properly receive a victim all the time. Further, the doctor was not able to present challenges this centre faces though he is responsible for management of the centre. The lawyer comes to the centre only once a week, which would not enough to meet the needs of GBV victims. It was explained that it had been planned to hire him on the full-time basis, but the plan was changed because of a budget constraint. This lawyer simply revealed personal information of a GBV victim to the survey team without hesitation. All these issues question if GBV cases are handled properly, keeping privacy of the victims.



Director of the One Stop Centre (medical staff) (20 Feb 2019)



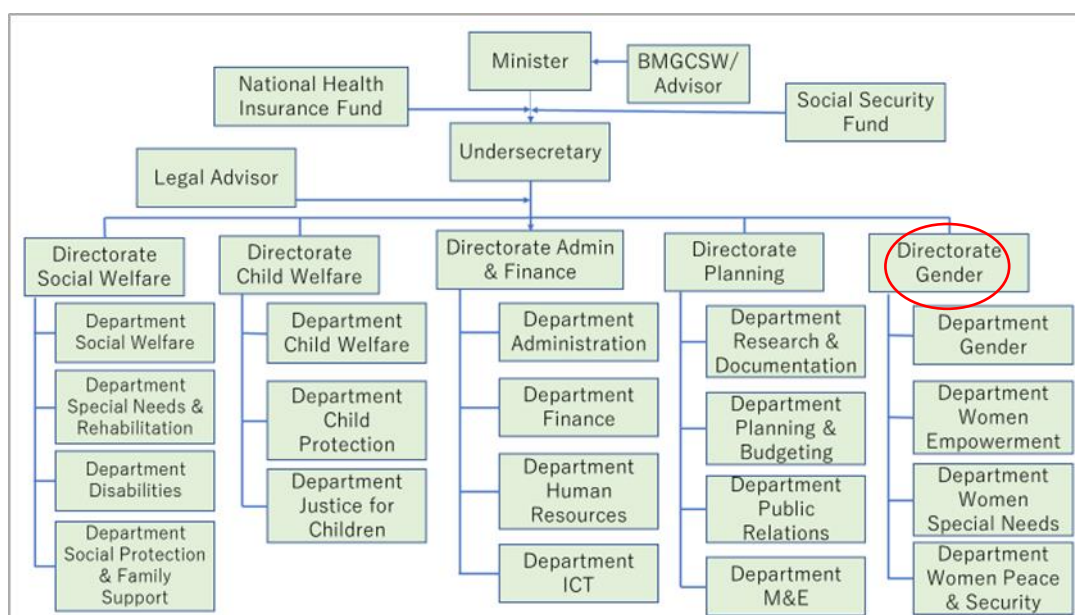
Entrance of the Centre (20 Feb 2019)

## 2) National Level Government Stakeholders

### a) Ministry of Gender, Child and Social Welfare (MGCSW)

The MGCSW, the national machinery of South Sudan, is tasked with coordinating relevant ministries and developing related laws, policies and programmes for gender mainstreaming. The Directorate of Gender oversees GBV related matters (Chart 9).

At the time of writing, the MGCSW had operational difficulties for a couple of reasons. One issue is the security of states. The MGCSW is supposed to disseminate laws and policies, but because of insecurity in rural areas, The MGCSW cannot fulfil that responsibility. Another reason is the ongoing financial crisis of the government of South Sudan; salary payment to government officials is delayed for several months. As a result, the MGCSW is heavily dependent on outside assistance, which was expressed in the words of an MGCSW official, “if we could receive support from donors in development of GBV policy, we’d like to do that (=without it, we cannot do it).” Partners like UNFPA continue supporting the development of the MGCSW through the process of reviewing laws and policies and implementing sensitisation activities.



Char 9: Organizational Structure of MGCSW

Source: prepared based on the information from the MGCSW website

#### b) Special Unit of the National Police

The Special Unit was established in 2008 to protect women and children, but now it does not function. It was reported that training for the Unit has also stopped.<sup>210</sup>

The national police's GBV response as a whole has many problems. Secondary damage cases at the police are frequently reported. Though the police are supposed to fill in Form 8, which is necessary for receiving medical and legal assistance, for GBV victims for free of charge, some police officers demand money. Their handling of a DV case can be also problematic. For instance, a husband had stripped his wife and beaten her badly. When the wife reported it to the police, an officer simply sent her back to her husband, not taking the case seriously.<sup>211</sup>

#### (2) Local Level Mechanism

South Sudan has 32 states, which are divided into 3 to 13 counties, then payam, boma, and village follow. The following is about the major GBV related stakeholders at the state level.

##### 1) Local Level Stakeholders

###### a) State Ministry of Gender, Child and Social Welfare

In South Sudan, there are ministries at the state level that implement national policies. The State Ministry of Gender, Child and Social Welfare (S-MGCSW) is responsible for implementing

<sup>210</sup> Interview with Health Link South Sudan (17 Feb 2019)

<sup>211</sup> Interview with National Alliance for Women Lawyers in South Sudan (20 Feb 2019)

gender-related work including GBV.

S-MGCSW, however, cannot implement activities on its own because it lacks resources. Financially and technically supported by partners, S-MGCSW manages to maintain its operation. S-MGCSW of Jubek State is supported by IsraAid (NGO) in organising the regular meetings of a GBV working group among the stakeholders in the state. S-MGCSW broadcasts radio programmes on awareness-raising, which are supported by IsraAid, South Sudan Red Cross, and Norwegian Church Aid. It distributes dignity kits, packages of goods necessary for women GBV victims at the initial emergency stage. It contains soap, underwear, a torch light, a bed sheet, T-shirts, and sanitary napkins, and it is supported by another local NGO. Like MGCSW, S-MGCSW also sends its staff to NGOs to work on projects as social workers.

#### b) Women's Union

The Women's Union is an organisation affiliated with the MGCSW. It originated during the civil war and its network covers from the national<sup>212</sup> to the village levels. The Women's Union of Jubek state has an Executive Director, who came from S-MGCSW and keeps a close relationship with that ministry. The members of the executive committee are from other ministries. Their salaries are paid by mother organisations, but the Union is financially independent from S-MGCSW. Part of the main building is rented out as an office space or a meeting room for profit. Its computer room has internet access and sometimes training sessions are conducted there.<sup>213</sup> In cooperation with S-MGCSW, the Union implements capacity-building programmes through scholarship and business training (hairdressing, catering, sewing, etc.).<sup>214</sup>

### 4.4 Support Activities

This section presents the support by the major donors, and then support activities by international organizations and NGOs.

#### 4.4.1 Support by the Major Donors

The major donors in GBV response are USAID and DFID. The MGCSW receives technical and financial support from UNFPA, UN Women, UNDP, UNICEF, WFP, JICA, War Child (NGO), International Committee of the Red Cross (ICRC), and UNMISS.

International assistance so far has been centred on emergency humanitarian assistance. Thus, programmes and projects to support GBV victims' social integration through economic empowerment are limited compared to the protection offered in the humanitarian context.

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<sup>212</sup> The description on the Women's Union should be under the national level organizations because it starts from the national level. But this report places it under the local organizations simply because of the lack of information about the Union at the national level as well the entire structure of the union.

<sup>213</sup> The Union seems to be more active than S-MGCSW because its computer room is generally full of people. However, there is room for improvement. Handicrafts made by women are stored in a small room and not properly displayed. The Union's large space has the potential to host new activities (e.g. a market place for women).

<sup>214</sup> Interview with Health Link South Sudan (17 Feb 2019)

Nonetheless, it is recognized that economic assistance, following medical and psychosocial support, is important for self-reliance and social integration. DFID, USAID and UN Women have started economic assistance programmes. The GBV officer of International Organization for Migration (IOM) said, “It is time for us to move from humanitarian assistance to development. It is a good chance for JICA to present an agenda to connect the post-conflict environment to development. Many other donors are now re-thinking of their priorities and strategies. Sweden, for example, has decided to move its priority to sexual reproductive health and rights and human rights.”<sup>215</sup> Depending on the progress of the peace process, the focus may further shift from humanitarian to development.

#### (1) USAID

USAID has been supporting GBV prevention and response through a WASH (Water, Sanitation and Hygiene) Programme since 2017. The programme helps reduce risks of women and girls face during the long walk to fetch water by bringing safe water and sanitation facilities to the proximity of the communities. It also promotes gender equality by facilitating women’s participation in water user committees.<sup>216</sup>

#### (2) DFID

DFID has a GBV victim support programme from 2016 to 2020, called HARISS (Humanitarian and Resilience Programme in South Sudan<sup>217</sup>). Its total budget is 22 million pounds. It has been implemented by an INGO, International Medical Corp (IMC) and a local NGO, Health Link South Sudan in four states of South Sudan. There are three components: GBV response, prevention, and livelihood and economic empowerment. The livelihood and economic empowerment components are considered an integral part of GBV response and prevention. Specifically, the programme supports women in a holistic way through group savings, market surveys, production skills training and literacy, and it is achieving results. For prevention, SASA! is employed and Women and Girls Friendly Space (WGFS) (See below 4.4.2, (2)) are set up.

### 4.4.2 Support for GBV Prevention and Response by the International Organizations and NGOs

#### (1) GBV Sub-Cluster

GBV Sub-Cluster is a group organized for coordination and cooperation among humanitarian

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<sup>215</sup> Interview with IOM (22 Feb 2019)

<sup>216</sup> Interview with IOM (22 Feb 2019) and <https://southsudan.iom.int/media-and-reports/press-release/iom-usaid-improve-access-clean-water-safe-sanitation-south-sudan>, last accessed on 8 Apr 2019.

<sup>217</sup> <https://client.tussell.com/notices/50432-218fc607dc9dc374da1009b380aef3d7-dfid-7478-humanitarian-and-resilience-programme-in-south-sudan-hariss-evi>, last accessed on 8 Apr 2019.

actors and chaired by UNFPA and IRC (NGO). This Sub-Cluster is placed under the Protection Cluster based on the Cluster Approach of the Interagency Standing Committee (IASC), a global coordination body for humanitarian action. The main members are MGCSW, Ministry of Health, Ministry of Internal Affairs, Ministry of Justice, UNFPA, UNICEF, UNHCR, international NGOs, local NGOs, and media. Meetings are held every other month. The MGCSW is always invited to the meetings. In addition to individual programmes and projects, support organisations are working with the government on policy, institutional, and capacity development issues to establish and strengthen GBV response mechanisms.

The GBV Sub-Cluster has been working on its GBV strategy, and incident and support mapping. It also organises training on case management for stakeholders, including the government.<sup>218</sup>

The GBV Sub-Cluster also manages the GBV Information Management System (GBV IMS). Twelve organisations participate and provide data. Thus, the data do not represent the incidents in the entire country, but monthly and quarterly statistics and annual reports are produced and shared to track the trends. The information in the data includes the sex and age of the victim, the type of GBV, case context, relationship with perpetrator and occupation of perpetrators and referral information.

## (2) Women and Girls Friendly Space

Within the humanitarian framework, about 50 Women and Girls Friendly Spaces (WGFSs) have been built in the country with the aim to protect and empower women and girls. WGFSs provide women and girls with counselling, case management and referral services. They are also expected to be a place for education and livelihood improvement programmes. In South Sudan, where social norms discriminatory against women are strong, it is important to provide women with a space where they can relax and talk. Moreover, in the environment of refugee camp setting where women are packed together with strangers, the need for a safe space for women increases.<sup>219</sup>

In addition, WGFSs offer on the job training opportunities to government officials. S-MGCSW officials are seconded to two WGFSs in Juba as a social worker and they learn social work and acquire computer skills and other management skills.

However, the quality of services of WGFSs varies and only a handful of WGFSs provide high-quality services by professionals. It is reported that there are cases with low-quality case management and counselling, causing secondary damages to the victims.<sup>220</sup>

Another issue is that the work at WGFSs mostly concerns protecting victims at the emergency

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<sup>218</sup> Interview with GBV Sub-cluster (18 Feb 2019)

<sup>219</sup> HealthNet TPO & UNICEF South Sudan (2016) Promoting Positive Environment for Women and Girls: Guidelines for Women and Girls Friendly Spaces in South Sudan

<sup>220</sup> Interview with GBV Sub-cluster (18 Feb 2019)

stage. WGFSs are supposed to, in the medium or long term, function as places where women and girls can gather freely to build trust through peer counselling and information exchange as well as receive livelihood improvement support. However, only a limited number of WGFSs provide such services.

Lastly, because the funds for WGFSs mostly come from donor funding allocated for humanitarian emergencies, sustaining their activities is an issue. Humanitarian emergency funding has a short cycle of several months and it does not allow for medium- and long-term planning. Consequently, assistance tends to be ad-hoc, without consistency and sustainability, which impedes the achievement of assistance outcomes.



WGFS in Mahad IDP camp  
(21 Feb 2019)



WGFS in Protection of Civilian (POC) 3  
(21 Feb 2019)

Most WGFSs do not have accommodation and cannot function as a shelter.<sup>221</sup> In South Sudan, there is only one shelter (safe house) managed by an NGO in Torit in East Equatoria. It is reported that this shelter works well. Another shelter in an IDP camp is managed by an NGO as well.

### (3) Women's Economic Empowerment

UN Women also recognises the importance of economic assistance for self-reliance and social integration after medical and psychosocial treatment. UN Women has set up five Women Empowerment Centres, which grew out of WGFSs, to facilitate such activities. These spaces are used for training how to save, request small business start-up loans and run small businesses. So far, 260 GBV victims have started small businesses (sewing, hairdressing, restaurant, fresh food, etc.) based on this intervention. Another programme with funding from DFID and USAID has been implemented by two NGOs with support from IOM for livelihood improvement for vulnerable groups, including teen mothers.

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<sup>221</sup> UN Women has a WGFS which can function as a shelter (Source: Interview with UN Women (20 Feb 2019))



#### (4) Judiciary Support

UNDP has been supporting the legal and justice sectors. Its programme, Access to Justice and Rule of Law (2014–2020), to which the Japanese government contributes, implements projects on GBV response and capacity building for law enforcement to help women and the vulnerable.<sup>222</sup> In February 2019, with technical support from UNDP and funding from the government of the Netherlands, a special court for GBV and juvenile cases was established in Juba, with an aim to accelerate the court process and respond to the backlog in GBV and juvenile cases. UNDP's support to GBV victims includes developing referral pathways, a training manual on the investigation and prosecution of GBV cases, and training judges, prosecutors, investigators and social workers.<sup>223</sup>

Regarding police assistance, the UK, Norway and the Netherlands offered support in the past. However, after the 2013 political crisis, these countries avoid providing support to the central government, especially the security sector. Japan took a different stance and continues to support the police, with the conviction that, in this humanitarian crisis, security sector reform can save the vulnerable. The assistance provided includes the establishment and operation of the Special Protection Unit to protect women and children, the promotion of community policing to further trust and cooperation among the police and community members, the establishment and operation of Emergency Call Centre (ECC), and the development of crime database.<sup>224</sup> UNDP also provides police training in cooperation with UNMISS.

#### 4.5 Challenges and Support Gaps in GBV Prevention and Response

A fundamental issue is that government agencies, including the National and State MGCSW, rely on donors, international organisations and their partner NGOs for funding, developing and implementing policies. Therefore, it is necessary to technically support programme/project implementation to build capacity as well as supporting them financially in cooperation with the GBV Sub-Cluster. It is also necessary to find a way to move from emergency to long-term development.

##### 4.5.1 Prevention

Given the strong patriarchal norms and the prevalence of child marriage in South Sudan, raising awareness is especially important. Cultural practices and values that discriminate against women are the leading factors in GBV and there need to be more interventions. GBV will not disappear

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<sup>222</sup> <https://open.undp.org/projects/00077970>, last accessed on 20 Mar 2019; UNDP (2015) Emergency Support to Women and Vulnerable Groups in Conflict Prone Areas Project (March 2014 to July 2015) Final Report to the Government of Japan.

<sup>223</sup> [http://www.ss.undp.org/content/south\\_sudan/en/home/presscenter/articles/2019/high-level-officials-from-the-netherlands-and-head-of-undps-cris0.html](http://www.ss.undp.org/content/south_sudan/en/home/presscenter/articles/2019/high-level-officials-from-the-netherlands-and-head-of-undps-cris0.html), last accessed on 20 Mar 2019

<sup>224</sup> Kiya, M. (2019) Building Peace in South Sudan – International Contribution by All Japan. p.167

without facilitating the understanding that GBV is a crime, that women have equal rights to men, and that transforming the discriminatory mind-set is possible.

Given that South Sudan has more than 64 tribes, cultures and languages, sensitisation and educational activities must have methodologies that are sensitive to cultural identity.<sup>225</sup> It is also imperative to involve community and religious leaders who can influence the awareness-raising and sensitisation activities.

#### 4.5.2 Protection

Under the Protection Cluster, those working on GBV on the ground have set up a coordination mechanism, the GBV Sub-Cluster, and they have gained experience through One Stop Centres and WGFSs. These activities engage and enhance the capacity of the government. In this way, development partners try to ensure that their interventions have long-term sustainability. One example is the management of the shelter in Torito. An NGO runs it, but the MGCSW supervises it. Still, the issue is that the government is not entirely in charge as it is technically and financially dependent on partners.

For sustainable long-term responses, such dependency must end. It is not easy when budget and resources are not allocated to government agencies; however, with regard to technical capacity, the government seems to have potential to grow. Thus, it is commendable to accelerate the enhancement of government capacity and systems to smoothly transfer responsibility to the government in the future.

Capacity building is also needed to improve the quantity and quality of current support. There is only one shelter in the country outside of IDP camps. Some WGFSs offer poor services. The One Stop Centre at the Juba Teaching Hospital has quality problems and the staff is not sensitive enough to fundamental principles such as privacy. A system is needed to ensure quality services under the supervision of the National and State MGCSW.

#### 4.5.3 Prosecution

Legal and judicial support is the least developed area. The justice system does not function. Some states do not even have a court.<sup>226</sup> There is a strong mistrust towards the police.

Stronger law enforcement and legal and judicial support are essential to GBV victims receiving justice and fully integrating into society. However, the current support for the police is limited and there are few training opportunities.

In contrast, a group of women lawyers actively work to defend the rights of disadvantaged women, including GBV victims, with the support of UNDP and DFID. It is commended to continue such support as well as offer more assistance to the police and judiciary system.

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<sup>225</sup> Interview with Health Link South Sudan (17 Feb 2019)

<sup>226</sup> Interview with UNMISS (18 Feb 2019)



#### 4.5.4 Self-Reliance and Social Integration

Throughout the survey period, many stakeholders emphasised the importance of women's economic empowerment for GBV victims' independence and social integration. During the interview with the women lawyers' group, the necessity of economic empowerment was expressed as follows: If a battered woman is dependent on her husband, no matter what legal support we provide, she does not have a place to go and has to go back to her abusive husband, just to see more violence. If an abused woman managed to divorce, but she has no income, she would lose her children. Psychosocial, legal and economic empowerment forms of support should go hand in hand. Otherwise, none of them will work. An IMC staff member who was in charge of the economic empowerment of GBV victims also said that if women had income, they would have a stronger voice and GBV would be reduced. "Money talks."<sup>227</sup>

Because women's economic independence can strengthen women's standing and prevent violence, it is indispensable to have economic empowerment as a GBV response. In times of economic difficulty, it is especially so. However, so far, assistance is mostly allocated for humanitarian emergencies, lacking a viewpoint of long-term development.<sup>228</sup> Some organisations have started making economic empowerment an integral part of GBV response, but they are still in the minority and the needs of women and girls go unmet yet.

The existing resources can be more effectively used for economic empowerment. SSWEA facilitates the savings activities of 700 members, including GBV victims, and supports small business start-ups. It has a small craft shop to sell members' products. The Women's Union also encourages women's economic empowerment and livelihood improvement. At this moment, individual organisations separately implement small-scale women's empowerment support; more effective support that uses all the resources is required.

#### 4.6 Proposal for JICA's intervention

This section examines ideas for intervention which can tap on the advantages of JICA based on the situation and analysis of GBV in South Sudan and support needs. First, it introduces past and on-going JICA support activities to South Sudan which has the potential to contribute to effective GBV victim support, then proposals for interventions follow.

##### 4.6.1 Past and On-going JICA Interventions: Potential for Cooperation

The JICA South Sudan Office has worked with the MGCSW, conducting workshops on women's economic empowerment and gender mainstreamed agriculture. Using the trust established between JICA and the MGCSW and the network of ministries and women entrepreneurs will help make new interventions effective and efficient. One JICA workshop

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<sup>227</sup> Interview with IMC (21 Feb 2019)

<sup>228</sup> Interview with UNFPA (18 Feb 2019)

participant, SSWEA supports women by providing savings training and micro-business start-up support. SSWEA has its own GBV officer and is experienced at supporting GBV victims' businesses. SSWEA understands the need for a GBV response. It can be a potential resource for GBV victims and a partner in women's economic empowerment intervention.

The JICA South Sudan Office has been supporting sporting events, such as the National Unity Day, to facilitate peace building through sports. Awareness-raising activities could be combined with sporting events.

A Multi-Service Training Centre (MTC) can be another resource for the new intervention. The MTC is a vocational training centre supported by a JICA project.<sup>229</sup> Currently, a small number of young women are taking regular and special courses on machinery, building and electronics as well as traditionally feminine courses (i.e. tailoring and computer). There is an accommodation facility within the MTC for those from rural areas who are taking a long-term course. Though there is room for improvement (e.g. the safety and hygiene of accommodation for female trainees), the MTC management actively tries to recruit and accommodate female trainees.<sup>230</sup> MTCs has experience in organising special courses such as that for former child soldiers. The MTC can be a good resource to organize targeted courses and empower young women, who are vulnerable to early marriage and sexual violence.



Car repair class (with a woman trainee)  
(22 Feb 2019)



Electrical course  
(22 Feb 2019)

The community policing, which the JICA South Sudan Office supports, is relevant to GBV relevant because of its role as protector of the community. Although the survey team interviewed the national police only and did not gather enough information about community policing, there might be potential for cooperation and coordination.

It is also equally important for JICA's ongoing projects (e.g. agriculture and water supply) to incorporate GBV prevention and response, because it is highly likely that target groups include GBV victims, given the high incidence rate of GBV. Thus, implementers should consider the

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<sup>229</sup> The Project for Improvement of Basic Skills and Vocational Training in Southern Sudan, Phase 1 and 2

<sup>230</sup> Interview with MTC (22 Feb 2019)

influence of GBV on people when planning and implementing projects (e.g. evaluate the intervention’s consequences). It is important to understand the social norms, behaviours, perceptions, challenges and needs of men and women in the target community so that both can benefit in an equitable way.

#### 4.6.2 Proposals for JICA Intervention

This field work revealed that in South Sudan there are much to improve in prevention, protection, prosecution and self-reliance and social integration work. In South Sudan where the traditional social norms are strong, raising awareness is essential for prevention. Awareness-raising activities should be incorporated in activities to support GBV survivors directly. Positive results from the project’s main component will help emphasise the importance and benefit of eliminating GBV and gender equality. Protection services are provided as part of humanitarian work by NGOs and international organization. There are also issues of quality services and transition from emergency to development. Support for self-reliance and social integration is not enough in terms quantity and there is a need for expansion. Prosecution is most behind among the four areas for intervention. However, it has a range of issues to be tackled, and there is a need for coordination with donors such as UNDP and it requires more research to be considered for JICA’s support. Further, in the context of the on-going political process, contribution to implementation of the R-ARCSS shall be considered.

Considering the above, the proposed intervention will implement women’s economic empowerment activities (in which JICA has scores of experience), using existing WGFSs for GBV victims, recovery and prevention of GBV. In addition, given the low quality of One Stop Centres’ services and low capacity of the law enforcement institutions, other ideas would include police training, a study tour of Isange One Stop Centre in Rwanda (third country training) and constructing a shelter or WGFS (official development assistance grant). Third country training on transitional justice in Rwanda could be considered. With regard to R-ARCSS’s chapter five, transitional justice, a third country training in Rwanda could be organized to learn about its experience in justice for GBV victims within the framework of the transitional justice including achievements and constraints. Or, women groups organized for economic activities could be used as a channel for transitional justice information dissemination through convening questions and answers sessions for women groups to reach out GBV victims and ensure good understanding of the transitional justice. Table 14 to 18 presents the proposed activities for South Sudan.

Table 14: Intervention Idea for South Sudan 1

Major issues to be addressed	For GBV victims to become independent and fully integrated into society, it is indispensable to provide economic empowerment support, including livelihood
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	<p>activities.</p> <p>WGFSs, established during the humanitarian emergency period, need to be transformed into women’s centres to facilitate the economic empowerment of GBV victims and impoverished women and adolescent girls, who are vulnerable to early and child marriage, DV and sexual violence.</p>
Purpose of the intervention	To establish an assistance model based on the survivor centred approach <sup>231</sup> with specific attention to the psychology and needs of the GBV victims to facilitate economic independence of women in the target area including GBV victims, and thereby assist GBV victims’ social integration.
Areas of intervention	Prevention, self-reliance and social integration
Counterpart	State level Women’s Union or S-MGCSW
Support type	Individual expert
Expected impacts	<ol style="list-style-type: none"> <li>1 Stakeholders involved in women’s economic empowerment (e.g. service providers, local resource persons) have better understanding about GBV and survivor centred approach.</li> <li>2 MGCSW and partners’ capacity to promote women’s economic empowerment, employing the survivor centred approach, is enhanced through the experiences of the pilot activities.</li> </ol>
Cooperation with existing JICA projects	The pilot project will assist women, including GBV victims, in starting businesses, development and employment. It will use existing resources, such as MTCs and the women entrepreneurs’ network.

Table 15: Intervention Idea for South Sudan 2

Major issues to be addressed	Many of the police force members do not have sufficient understanding about GBV and cannot handle GBV cases properly (e.g. even when GBV victims came to report, they are often just sent back to their husbands, the perpetrators). Their technical capacity in investigation and arrest also needs improvement.
Purpose of the intervention	To implement Training of Trainers (TOT) of the police on understanding on and handling of GBV issues so that the police can continue capacity development.
Areas of intervention	Prosecution

<sup>231</sup> ‘Survivor Centred Approach’ is an approach to place survivors at the centre of the survivor assistance programmes. This approach is employed in GBV victim assistance worldwide including Japan. Their right to safety, right to confidentiality, right to dignity, self-determination and non-discrimination are the guiding principles of the approach (See International Medical Corps, International Rescue Committee, UNICEF, UNFPA and UNHCR (2017) Interagency Gender-Based Violence Case Management Guidelines: Providing care and case management services to gender-based violence survivors in humanitarian settings)

Counterpart	South Sudan National Police Service
Support type	In country or third country training
Expected impacts	<ol style="list-style-type: none"> <li>1. The police officials, especially those from the Special Protection Unit, are trained on GBV to be capable to provide training to the national and state police force.</li> <li>2. The trainers organize training to deepen the understanding level of the police force and officials in charge of GBV issues.</li> </ol>
Cooperation with existing JICA projects	JICA South Sudan Office's support to community policing will a good source for cooperation. JICA's experience in police training in Iraq and Cote d'Ivoire will be utilized.

Table 16: Intervention Idea for South Sudan 3

Major issues to be addressed	Judiciary does not have full understanding on GBV issues and this may affect handling of GBV issues in the transitional justice process.
Purpose of the intervention	To train participants and make them understand challenges and tips based on the experience in Rwanda's transitional justice, so that proper consideration for GBV cases will be incorporated in the transitional justice procedure.
Areas of intervention	Prosecution
Counterpart	Ministry of Justice (there is a need for more detailed information to select pertinent government agencies.)
Support type	Third country training in Rwanda
Expected impacts	Learning from the experience of Rwanda on the bottlenecks on indictment of GBV perpetrators will facilitate the realization of justice in the process of the transitional justice. Specifically, filing procedures, dissemination of the process, protection of safety and privacy of victims and witnesses are put in place in the transitional justice implementation.

Table 17: Intervention Idea for South Sudan 4

Major issues to be addressed	One stop centres in South Sudan has not developed a system to respond GBV victims' needs. The quality of the services is low.
Purpose of the intervention	To learn from the experiences of Isange One Stop Centres in Rwanda on management and staff capacity development.
Areas of intervention	Protection
Counterpart	Ministry of Health, MGCSW, Ministry of Justice
Support type	Third country training

Expected impacts	Management and staff capacity of one stop centres in South Sudan improves.
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Table 18: Intervention Idea for South Sudan 5

Major issues to be addressed	There is only one shelter for GBV victims to stay for a period of mid- to long-term in South Sudan, far from meeting the needs of GBV victims.
Purpose of the intervention	To build a shelter for mid- to long-term service, or WGFS serving for multiple purposes.
Areas of intervention	Protection, self-reliance and social integration
Counterpart	National or State MGCSW (information on the roles and responsibilities of National and State MGCSWs needs to be collected)
Support type	Grant
Expected impacts	<ol style="list-style-type: none"> <li>1 A shelter is built and services for GBV victims of mid- and long-term self-reliance and social integration are provided at the shelter.</li> <li>2 A model for shelter services and guidelines for shelter management are established for future expansion.</li> </ol>
Cooperation with existing JICA projects	The networks built through women's economic empowerment support to the National MGCSW by the JICA South Sudan Office will support the shelter's programmes for self-reliance and social integration.

## 5. Conclusion

### 5.1. Conflict, Violence, and GBV Response in the Three Countries

With an aim to formulate ideas for JICA's new interventions, the survey team visited Uganda, Rwanda and South Sudan and gathered information about the conflicts' influences on the GBV situation and response.

After its independence, Uganda fell into political confusion. Tribal distrust and development gaps led to over 20 years of conflict in the northern part of the country. The conflict ended in 2007 after having destroyed infrastructure and left physical and mental scars on the people in the northern region. It has been about 10 years since the start of IDPs' repatriation. Now Northern Uganda and the West Nile region receive South Sudanese refugees and a score of humanitarian organisations helping the refugees. In the area once ravaged by the conflict, people still suffer from trauma. Now the area has higher incidence rates of GBV than other parts of the country.

Twenty-five years after the genocide of 1994, Rwanda enjoys steady economic development. Towns could give the impression that the genocide is in the distant past. However, it is not difficult to envision people suffering in silence.<sup>232</sup> Now the country has an issue with teenage pregnancy. The survey could not establish a clear relation between the past conflict and this phenomenon. However, the parents of violated girls may not seek justice, because they are accustomed to being silent due to their experiences of the conflict. The conflict has not completely left yet.

South Sudan won its independence after civil wars for over 50 years, but it still has not achieved stability because of political confrontation intertwined with ethnic rivalry. There is a positive move towards the formation of an interim government; however, it may be a long while before IDPs and refugees can return home without worries. In this situation, women and girls experience heightened vulnerability within and outside camps.

Each country has tried to address their problems. Uganda has a sufficient set of policies and guidelines and has set up GBV coordination committees at different levels of the local administration. However, NGOs perform the implementation and the police have problematic attitudes and victims may suffer again at the hand of those who are supposed to protect them.

Rwanda has the most well-developed system. Its One Stop Centres are functioning adequately. However, there are some weaknesses in the coordination among government offices and between them and NGOs, and local resources are not fully utilised.

South Sudan's efforts lag because of the conflict after independence. One Stop Centres are being established but they still need support to function reasonably. The government can work

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<sup>232</sup> Gacaca, a traditional justice system of Rwanda, was employed as part of transitional justice in order to facilitate the process of reconciliation and recovery. Nevertheless, not many rape cases during the genocide were brought to Gacaca court. It is not uncommon that women victims of rape have never told her experience to anyone for fear of stigma and breaking up of social relations. (Source: Human Rights Watch (2011) *Justice Compromised: The Legacy of Rwanda's Community-Based Gacaca Courts*)

only when it is assisted by donors and NGOs. The implementation of GBV assistance relies on international organisations and NGOs, and the government on its own cannot function. There are good practices such as WGFSSs, but they are assisted under the framework of humanitarian emergency and lack a long-term perspective.

## 5.2. Meaning of JICA Assistance

Considering these situations and JICA's assistance scheme, this report proposes assistance ideas as summarised in Table 18 on the following page. The proposals place women's economic empowerment at the centre together with the elements of development and the establishment of support mechanisms and psychosocial assistance.

JICA has experience, knowledge and strengths in women's economic empowerment, establishing mechanisms, and psychosocial assistance. Women's economic empowerment is the area in which JICA has extensive experience from working in many countries such as Cambodia and Pakistan. For psychosocial support, the expertise of Japanese specialists will be enlisted. Japan has knowledge and experience from operating many consulting facilities nationwide, such as intimate partner violence support centres and social welfare offices. JICA also has experience in organising survivor-centred counselling training by Japanese specialists in target countries.

Further, these proposed interventions will build on existing systems in the target countries, which will contribute to efficient and sustainable assistance. The proposed interventions will also facilitate establishing links with a wide range of resources and networks in the private sector so that the entire GBV response system will be strong and sustainable.

GBV issues are worth tackling, in their own right, but addressing GBV can also facilitate socio-economic development in the target countries. Economic loss due to GBV amounting to 2% of GDP can be avoided by reducing the medical costs of women's health damages (physical damage, HIV infection, unwanted pregnancy, and depression) and lost income. Women's participation in social and economic activities and their raising healthy children can contribute to long-term economic development.

Further, ending GBV and facilitating gender equality can support peace in the target countries. Research on the relation between gender gaps and peace from an extensive database revealed that countries where gender gaps are wide and violence against women prevails end up being involved in conflicts. Women's security is state security.<sup>233</sup> That means no peace can be established without addressing GBV. JICA can contribute to building and maintaining peace by tackling GBV.

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<sup>233</sup> Valerie M. Hudson (2012) What Sex Means for World Peace (Foreign Policy, 24 April 2012, 6:15PM). <https://foreignpolicy.com/2012/04/24/what-sex-means-for-world-peace/>, last accessed on 13 Mar 2019.



Table 18: Proposed support activities

	Support type	Support area	Major issues	Expected outputs
Uganda	Technical Assistance Project (2 experts)	Protection, Self-reliance and social integration	Needs for psychosocial support	GBV victims achieve psychological recovery and economic independence. Government staff at the district and sub-county levels improve knowledge and skills on psychosocial support.
	Individual expert	Protection, Self-reliance and social integration	Not functioning GBV Committees	A model structure using human resources efficiently is established and capacity development is done.
	Grassroots Cooperation	Prevention	Incorporated into NGO work	GBV or gender incorporated into training of NGOs in South Sudan (education, water, shelter)
Rwanda	Individual expert	Prevention, Self-reliance and social integration	Need for economic independence of teen mothers	Revitalization of cooperation Enhancing prevention Enhancement of GBV victims' economic independence and social integration. Development of a support model.
	Public private cooperation (SDGs business)	Self-reliance and social integration	Need for economic independence	Women will be benefited as employees or consumers.
South Sudan	Individual expert	Prevention, Self-reliance and social integration	Need for economic empowerment for self-reliance and social integration of GBV victims and prevention of GBV.	Stakeholders understand victim centered approach. Strengthening capacity of Gender ministry and other agencies. A model is compiled.
	Third country training	Prosecution	Capacity development of the central national police	TOT for national and regional polices on GBV training.
	Third country training (Rwanda)	Prosecution	Transitional justice stakeholders	Learning from the experience of Rwanda on the bottlenecks on indictment of GBV perpetrators will facilitate the realization of justice in the process of the transitional justice.
	Third country training (Rwanda)	Protection	One Stop Centre	Learn from Rwanda's example to improve the One Stop Centres in the city.
	Grant	Protection, Self-reliance and social integration	Construction of a shelter or safe spaces.	Learn from each other with an existing shelter in Torito (or in South India) and build a model for South Sudan. Safe spaces are built in cooperation with the international community and NGO, constructing safe space construction.

### 5.3. Notes for the Next Step

Lastly, this section presents some points to be borne in mind for formulating detailed plans.

(1) Ensure all stakeholders understand the relationship between discriminatory gender relations and GBV

It is necessary to share a common understanding among all stakeholders that the root cause of GBV is unequal, discriminatory gender relations in daily life. Gender specialists understand it but not all stakeholders do, as can be seen in the case of the police in Uganda.

(2) Employing sensitisation methods: transformation from within

SASA! is a methodology for sensitisation that was born in Uganda to transform communities' social norms from within. It involves the entire community and its activists lead dialogues about GBV, HIV/AIDS and men's power. Through this process, the community forms their own norms. International organisations and NGOs in Uganda, Rwanda and South Sudan use this methodology in awareness-raising activities. Because the process of transformation takes about three years, it would not be suitable for JICA's projects. But the essence of this methodology could be used in JICA's projects, for example, when training government officials.

(3) Understanding of the importance of psychosocial support

Psychosocial support and economic activities are mutually enhancing. They are the priority in rebuilding the lives of victims.

(4) The relationships among refugees, the host community and ethnic groups

The relationships between refugees and the host community and those between ethnic groups are truly sensitive. In addition, relationships will differ from place to place. Therefore, detailed research is indispensable to the project formulation mission.

(5) Collecting information on victims' needs on the ground

This survey did not hear much from community members partly because it prioritised understanding the overall picture. When planning the details of the interventions, information needs to be collected from the population through focus group discussions with those who have recovered from GBV, their families and communities.

(6) Involving men in GBV prevention

Many organisations implement GBV prevention activities, promoting men's involvement and achieve results.<sup>234</sup> This report does not have much to present on this topic, but men's involvement is clearly essential especially in conflict-affected countries in Africa. It would be desirable to apply this approach in JICA's interventions.

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<sup>234</sup> For example, Role Model Men of CARE in Uganda, Rwanda Men's Resource Centre in Rwanda and Voices for Change (V4C) in Nigeria.

(7) During and after conflicts, GBV has protracted negative impacts on victims and society

The damage coming from GBV during conflict is intense and long-lasting. Many GBV victims endure physical, psychological and social damage. Such conditions are not conducive to ensuring good development results. Any intervention that directly works with conflict affected communities must consider the influence of conflict-related GBV on the health, psychological, and social lives of the target population.

(8) Target group formation

Assistance solely targeting GBV victims may result in their isolation and exacerbate the stigma attached to them. To avoid such a situation, target groups will include low-income women and adolescent girls as well as GBV victims. Nonetheless, special care for GBV victims is necessary for preventing secondary damage and to facilitating mental and physical recovery.

## Appendix

Appendix 1: Uganda Survey Schedule

Appendix 2: Uganda Resource List

Appendix 3: Rwanda Survey Schedule

Appendix 4: Rwanda Resource List

Appendix 5: South Sudan Survey Schedule

Appendix 6: South Sudan Resource List

Appendix 7: References

Appendix 8: Links

Appendix 1: Uganda Survey Schedule

Month	Country	Date	Day	Location	Time	Organizations	Accomm	
Jan	Travel	27	S	Travel				
		28	M	Kampala	16:00	JICA Security Briefing	Kampala	
	29	T	Kampala	08:30	UNICEF Ugnada	Kampala		
				11:30	ICC-VTF			
				14:00	Police Criminal Investigation Department			
				16:00	Centre for Domestic Violence Prevention			
	30	W	Travel (Kampala to Lira)			Lira		
	31	T	Lira	9:00	Lira Regional Referral Hospital	Lira		
				14:00	Lira District Office			
				16:00	Ayira Health Services (AHS)			
				17:00	Uganda Victims Foundation			
	Feb	Uganda	1	F	Gulu	Travel (Lira to Gulu)		Gulu
						09:00	Gulu District Office (Police, Health)	
						13:00	Action Aid Shelter	
15:30						Gulu Women's Economic Development and Globalization (GWED-G)		
2			S	Documentation			Gulu	
3			S				Gulu	
4			M	Gulu	9:00	Gulu Community Development Services	Adjumani	
					13:30	Gulu Women's Resource Center (GWRC)		
					15:00	CARE International		
Travel (Gulu to Adjumani)								
5	T	Adjumani	08:30	Adjumani Refugee Desk Officer (RDO)/Office of Prime Minister	Adjumani			
			09:30	Adjumani District Office				
			13:00	Transcultural Psychosocial Organization (TPO)				
			15:00	UNHCR Sub-office				
6	W	Travel (Adjumani to Kampala)			Kampala			
7	T	Kampala	9:00	Police Child and Family Protection Department	Kampala			
			11:00	UNFPA				
			13:30	Action Aid				
			15:30	Reproductive Health Uganda				
8	F	Kampala	9:00	MGLSD	Kampala			
			11:00	UNHCR				
			13:00	UN Women				
			16:00	JICA Office reporting				

Appendix 2: Uganda Resource List

Organization	Name	Position
<b>Government</b>		
Uganda National police, Criminal Investigation Directorate	Ms Rosemary Nalubega	Acting Commissioner
Lira Regional Referral Hospital	Mr Robson Okabo	Clinician in charge of GBV cases
Gulu District Community Development Service	Mr Francis Okello	Senior Community Development Officer
Gulu Police, Gender Desk	Mr Ayor Moses	SGBV Desk
Gulu Police, Child and Family Protection Unit	Mr Ochira Thomas	Assistant Superintendent of Police
District Health Office	Mr Onyayi William	WHO Senior Health Educator
Gulu Community Service Department, Gulu District	Ms Anena Jessica	Senior Probation and Social Welfare Officer/Gender Officer
Planning Department, Gulu District	Mr Omal David Livingstone,	District Planner
Adjumani Refugee Desk, Office of the Prime Minister	Ms Draleru Josline	Community Service Officer
Community Development Services, Adjumani District	Mr Mawadri Ramadhan	Senior Probation and Welfare Officer/Gender Officer
Uganda National Police, Child and Family Protection Department	Ms Maureen Atuhaire	Acting Commissioner
Ministry of Gender, Labour and Social Development	Ms Maggie Kyomukama	Acting Commissioner, Gender and Women Affairs
<b>International Organization</b>		
UNICEF	Ms Lisa Zimmermann	Child Protection in Emergency Specialist
	Mr Shohei Kawabata	Child Protection Officer
Victim Trust Fund, International Criminal Court	Mr Scott Bartell	Programme Manager
	Ms Josephine Atim	Associate Field Programme Officer
UNHCR Sub-office	Mr Sibo Mutanguha	Protection Officer (SGBV)
UNHCR	Ms Mildred Ouma	Senior Protection Officer (SGBV)

UN Women	Ms Beatrice Mlindwa	Ending Violence Against Women Consultant
NGO		
CARE International	Mr Lamson Ocira	M&E Coordinator
Transcultural Psychosocial Organization (TPO)	Ms Rose Moggu	Technical Support Officer
	Ms Esther Racheal Mussasizi	Mental Health Nurse
Action Aid	Mr Richard Olong	Manager, Partnership & Capacity Building
	Ms Alice Nora Kipicola,	Psychosocial Support Officer
Gulu Women's Resource Centre	Mr Okoi Kenneth	Coordinator
	Ms Sylvia Obal	Access to Justice
	Ms Aloyojok Prisca	Access to Justice
Reproductive Health Uganda	Dr Kenneth Buyinza	Clinical Services Manager
	Mr Sam Mwandare	Project Coordinator (Prevention Plus Project)
Centre for Domestic Violence Prevention	Ms Tina Musuya	Executive Director
Ayira Health Services (AHS)	Dr Opio Ayira	Director/Surgeon
Uganda Victim Foundation	Mr Christ Ongom	Executive Director
Gulu Women's Economic Development and Globalization	Ms Angwech Pamela Judith	Executive Director
Japanese expert		
Peace Winds Japan	Ms Miho Fukui	Overseas operation
Northern Uganda Farmers' Livelihood Improvement Project (NUFLIP)	Mr Masafumi Nakanishi	Project Expert
	Ms Riai Yamashita	Project Expert
The Project for Capacity Development of Local Government for Strengthening Community Resilience in Acholi and West Nile Sub-Regions (WACAP)	Ms Kei Ichimiya	Project Expert

### Appendix 3: Rwanda Survey Schedule

Feb	Country	Date	Day	Location	Time	Organizations	Accomm	
Feb	Rwanda	9	S	Travel			Kigali	
		10	S	Documentation			Kigali	
		11	M	Kigali	10:00	JICA Office courtesy call		Kigali
					11:00	Gender Monitoring Office		
					13:00	Rwanda Women's Network		
					15:00	National Women Council		
		12	T	Bugesera District	09:00	Bugesera District, Gender Officer, Partner, NWC rep, Nures/Isange One Stop Centre		Kigali
					12:30	Polyclinic of hope		
					13:00	Plan International		
				Kigali	19:00	World Vision, RODI		
		13	W	Gicumbi District	10:00	Gicumbi District, Gender Officer		Kigali
					14:00	American Refugee Committee		
		14	T	Kigali	06:00	(NUFLIP (skype))		Kigali
					10:00	Isange One Stop Centre		
					14:00	UNHCR		
16:00	UN Women							
17:00	MIGEPROF							
15	F	Kigali	09:00	JICA Office reporting		Kigali		
			13:00	UNFPA				
			14:30	Peace through Business				



Appendix 4: Rwanda Resource List

Organization	Name	Position
Government		
National Women's Council	Ms Mukamazera Jacqueline,	Women Empowerment Officer
Gender Monitoring Office	Mrs Kaneza Annick	Director of Gender Based Violence
Ministry of Gender and Family Promotion	Ms. Kayitesi Goretti	Anti-GBV officer, Family Protection and Child Unit
Bugesera District	Mr Aimable Kadafi	Advisor to the Executive Committee
	Ms Appolinaire Bamrange	Gender and Family Promotion Officer
	Mr Me Kabalisa Fulgence	District MAJ
Nyamata Hospital, Bugesera District	Dr William Rutagengwa	Director General
Gicumbi District	Mr Joseph Munyez Amu	Gender and Family Promotion Officer cum Good Governance
Rwanda Police, Gicumbi District	Ms Jonvier Dosenmmana	Assistant Investigation Police
Isange One Stop Centre, Gicumbi District	Ms Uwamurera Alice	RIB,
Byuwba Hospital, Gicumbi District	Ms Uwamariya Jeannette	GBV Officer
Rwanda Investigation Bureau	Ms Shafiga Murebwayire	the Gender Based Violence (GBV) Crimes Division Manager
UNFPA	Ms. Karugwiza Therese	NPO - Gender and Human Rights
International Organization		
UN Women	Emma Carine Uwantege	EVAW Programme Coordinator
UNHCR	Sidra Anwar	Associate Protection Officer – SGBV

NGO		
Rwanda Women's Network	Ms Mary. V. Balikunger	Director and Founder
	Ms Crine	
	Ms Betty	Facilitator
Plan International	Ms Alice Rugerindinda	Program Area Manager
YWCA	Mr Freddy Iranyumva	Project Manager
World Vision	Mr Kwehangana George Moses	Advocacy & Gender Mainstreaming Manager
Rwanda Organization for Development Initiatives	Mr Uwimana Chrysostome	Executive Director
American Refugee Committee	Ms Ange Flora	SGBV Protection Officer
	Mr Jean Claude Habineza,	Acting Site Manager for Gihembe
Peace through Businesses	Ms Hategeka Tinah	
	Ms Nuriat	

Appendix 5: South Sudan Survey Schedule

Month	Country	Date	Day	Location	Time	Organizations	Accomm	
Feb	South Sudan	16	S	Travel			Juba	
		17	S	Documentation			Juba	
				Juba	14:00	Health Link South Sudan		
		18	M	Juba	09:30	UNMISS		Juba
			11:00		JICA Office courtesy call			
			14:30		UNFPA			
			16:00		GBV Sub-Cluster			
		19	T	Juba	09:00	State Ministry of Gender (Jubek State)		Juba
			14:00		Ministry of Gender, Child and Social Welfare			
			16:00		Japan Embassy			
		20	W	Juba	09:30	National Alliance for Women Lawyers in South Sudan		Juba
			11:00		South Suda Women Entrepreneurs' Association			
			14:00		UN Women			
			15:30		Juba Teaching Hospital			
					17:00	South Sudan Women Entrepreneurs' Association		
		21	T	Juba	09:00	Reproductive Health South Sudan		Juba
			10:30		IRC/POC3			
			12:00		South Sudan National Police Service			
			14:00		International Medical Corps (IMC)			
					16:00	JCCP		
		22	F	Juba	09:00	Multi-Service Training Center		Juba
			11:00		UNHCR			
			12:00		Women's Union			
	14:00	JICA Office reporting						
			16:00	IOM				
23	S	Documentation						

Appendix 6: South Sudan Resource List

Organization	Name	Position
<b>Government</b>		
State Ministry of Gender and Social Welfare	Ms Emmanuella Nyoka	Gender Focal Point
Ministry of Gender, Child and Social Welfare (Directorate of Social Protection)	Ms Mary Kojoali Sworo	Acting Director General of Gender and Child Welfare, Directorate of Social Welfare
	Ms Betty	Inspector of GBV, Deputy Director in charge of GBV
	Ms Susan	Inspector of GBV
One Stop Service Centre, Juba Teaching Hospital	Dr Sammuell Legge Lualla	Director
	Mr Paul Jenrio Solomon	Lawyer
National Police Service	Mr Kuir Thon Arok	Maj. Gen.
	Ms Aker Deng Ayom	Maj. Gen., Director of Female Affairs
Multi-Service Training Centre	Martin Lugala Tumba	Director
	Ms Aida Christopher	Deputy Director of Training
Women's Union	Ms Susan	Director
<b>International Organization</b>		
UNFPA	Ms Andrea Cullinan	GBV Sub Cluster Co-Coordinator
	Ms Veronika Njikhoo	Gender Specialist
	Ms Viola Riak	
United Nations Mission in South Sudan	Ms Huma Khan	human Rights Division in charge of sexual violence in conflict
UN Women	Monalisa Zatjirua	Programme officer: Gender-based violence (GBV)
	Ms Proscovia M. James	In charge of WEE and GBV

	Ms Yuki Aida	M&E Officer
International Organization for Migration	Ms Evelyn Letiyo	GBV specialist
UNHCR	Ms Ketevan Kamashidze	Protection Officer
	Ms Vi Tran	Associate Reporting Officer
NGO		
Health Link South Sudan	Mr Emmanuel Douglas	Chief Executive Director
	Ms Chukia Gloria Buga	GBV Specialist
National Alliance for Women Lawyers in South Sudan	Ms Adhieu Malual Kuir (Monica),	Acting Executive Director
	Ms Martha Jobe Jeremiah	Project Coordinator
	Ms Nawil Alice	
South Sudan Women Entrepreneurs' Association	Ms Jane Gordon Sworo	Executive Director
IRC	Ms Ochola Alice Jean Mangwi	GBV Sub Cluster Co-Coordinator
	Ms Sura Joseph	Social Worker
International Medical Corps	Mr Mathew Stearns	Deputy Country Director
	Ms Meagan Weaver	GBV coordinator
	Ms Annette	National GBV Programme Manager
Japan Centre for Conflict Prevention	Ms Fredah Mputhia	Operation Manager
Reproductive Health Association of South Sudan	Dr Langoya Martin Opoka	Executive Director

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## Appendix 8: Links

MGLSD: <http://yfp.mglsd.go.ug/home/welcome.html>

MIGEPROF: <https://migeprof.gov.rw/index.php?id=3>

MGCSW: <http://mgcswss.org/ministry/structure/>

African Union [Women, Gender and Development: https://au.int/en/wgd](https://au.int/en/wgd)

CIA the World Factbook, <https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html>

CRRF Global Digital Portal: <http://www.globalcrrf.org/>

OCHA: <https://www.unocha.org/japan/世界人道サミット-whs>

Peace Women: <http://www.peacewomen.org/member-states>

The World's Women 2015 : [https://unstats.un.org/unsd/gender/downloads/Ch6\\_VaW\\_info.pdf](https://unstats.un.org/unsd/gender/downloads/Ch6_VaW_info.pdf)

The G7 Women, Peace and Security Partnerships Initiative (brochure): <https://g7.gc.ca/wp-content/uploads/2018/06/TheG7WomenPeaceAndSecurity.pdf>

Uganda National Gender Based Violence Database (NGBVD): <http://ngbvd.mglsd.go.ug/>

UK government (Global Summit to End Sexual Violence in Conflict) (Archived): <https://www.gov.uk/government/topical-events/sexual-violence-in-conflict>

UN: The Spotlight Initiative: <http://www.un.org/en/spotlight-initiative/index.shtml>

UN Office on Genocide Prevention and the Responsibility to Protect: <http://www.un.org/en/genocideprevention/ethnic-cleansing.shtml>

UN Women Global Database on Violence against Women: Rwanda: <http://evaw-global-database.unwomen.org/en/countries/africa/rwanda?typeofmeasure=cdc74db6dc3d46249a64347d475e3a69&formofviolence=fac5fe48636e4d3882bbd2ebbf29bd60>

UN Women Global Database on Violence against Women: International Conference on the Great Lakes: <http://evaw-global-database.unwomen.org/en/countries/africa/rwanda/2004/international-conference-on-the-great-lakes>

UNICEF Data, Child Marriage: <https://data.unicef.org/topic/child-protection/child-marriage/>

UNHCR CRRF: <http://www.globalcrrf.org/>, <https://www.unhcr.org/jp/global-compact-on-refugees>

UNHCR Operational Portal South Sudan: <https://data2.unhcr.org/en/situations/southsudan/location/1925>

UNHCR Uganda Comprehensive Refugee Response Portal: <https://data2.unhcr.org/en/country/uga>

WHO Violence and Injury Prevention: [http://www.dronet.org/lineguida/ligu\\_pdf/women\\_vi.pdf](http://www.dronet.org/lineguida/ligu_pdf/women_vi.pdf)

World Bank Open Data: <https://data.worldbank.org/indicator/SH.HIV.1524.FE.ZS?locations=RW&view=chart>