MAKERERE UNIVERSITY

ANALYZING THE STATUS OF IMPLEMENTING GENDER BASED VIOLENCE LAWS AND POLICIES IN BUKEDEA DISTRICT, UGANDA

BY

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DECLARATION

I, **Niwarinda Nodious**, hereby declare that this dissertation is my original work and has not been submitted, either in part or in full, for any academic award in any other institution. All sources, quotations, and contributions have been appropriately acknowledged and referenced in full.

Signature..... **Date** 5th/11/26.

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APPROVAL

This is to certify that this dissertation by **Niwarinda Nodious** titled **Analyzing the Implementation status of Gender Based Violence Laws and Policies in Bukedea District** has been submitted to the Directorate of Graduate Training for examination for the award of a Master's Degree of Arts in Gender Studies from Makerere University with my approval as the designated supervisor.

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DEDICATION

I dedicate this dissertation to my dear mother Mrs. Tumuheirwe Peninah. May God bless you for your love, resilience, and inspiration.

.

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LIST OF ABBREVIATIONS

CBO	:	Community-Based Organization
CDO	:	Community Development Officer
CID	:	Criminal Investigations Department
CSO		Civil Society Organisation
DHO	:	District Health Officer
DPC	:	District Police Commander
FGD	:	Focus Group Discussion
GBV	:	Gender-Based Violence
HC	:	Health Centre
IDI	:	In-depth Interview
KII	:	Key Informant Interview
LC	:	Local Council
MoGLSD	:	Ministry of Gender, Labour and Social Development
MOH	:	Ministry of Health
NGO	:	Non-Governmental Organization
OWC	:	Operation Wealth Creation
PEP	:	Post-Exposure Prophylaxis
RDC	:	Resident District Commissioner
REC	:	Research Ethics Committee

SDG	:	Sustainable Development Goals
UBOS	:	Uganda Bureau of Statistics
UDHS	:	Uganda Demographic and Health Survey
UNFPA	:	United Nations Population Fund
VHT	:	Village Health Team
WHO	:	World Health Organization

ABSTRACT

The study examines the status of implementing Gender Based Violence laws and policies in Bukedea district. It adopted a qualitative case study design and used purposive sampling. A total of 60 participants including local government officials, health workers, police officers, GBV survivors, DHOs and community leaders participated in the study. Data was collected through key informant interviews, focus group discussions, and in-depth interviews. The study revealed that Gender-Based Violence remains a concerning issue in Uganda, with Bukedea district reported among the districts with the highest rates of GBV nationally with (14,846) GBV cases by August 2024 reported by the Ministry of Labor and Gender and Bukedea police station. Despite notable progress in raising awareness and fostering community engagement, the implementation of GBV laws and policies in Bukedea district, remains hindered by systemic challenges. The study reveals that Bukedea district lacks local bye-laws specifically addressing GBV, which increases reliance on national laws that are often poorly understood and inadequately enforced at the grassroots levels.

The study further forwards that there are several challenges when it comes to collaboration among the sectors charged with addressing GBV cases including; local government officials, district health workers, police officers, political leaders and the NGOs. These challenges include; difficulties faced when following up on reported GBV cases, working with other stakeholders to ensure adequate remedies are provided, resource constraints, corruption and mismanagement of resources, among several others. The study also identifies the challenge of negative socio-cultural norms, rooted in women's subordination to men that enable the persistence of GBV. Some of these norms are actively supported and upheld by some cultural leaders.

The study forwards a series of targeted recommendations including; continued stake holder engagements such as the police, district health officials, local government officials on ways of effectively handing GBV cases. Some specific skills include; early identification, survivor support, and community prevention efforts. The need for the prioritization of GBV both at the national and local level, through allocating financial resources and effective monitoring to ensure that they reach the intended beneficiaries, is also highlighted. Lastly, the need for targeted interventions for cultural leaders aimed at tackling the negative socio-cultural norms that perpetuate GBV.

CHAPTER ONE: INTRODUCTION

1.0 Background to the Study

Gender-based violence refers in this study to violence and harmful conduct related to gendered power, roles and inequalities. It includes physical, sexual, psychological and economic abuse in private and public settings. Women and girls are disproportionately affected, although the study also recognises male survivors. The analytical concern is not simply the occurrence of violence but whether the institutions and services intended to prevent and respond to it operate in ways that make protection accessible. This understanding is consistent with the rights-based scope of the United Nations Declaration on the Elimination of Violence against Women (United Nations General Assembly, 1993).

The World Health Organization's 2021 estimates, based on evidence up to 2018, indicated that approximately 736 million women aged 15 years and older had experienced physical or sexual intimate partner violence, non-partner sexual violence, or both during their lifetime (WHO, 2021). This is a global estimate of specified forms of violence, not an estimate for Bukedea and not a measure covering every form of GBV. It demonstrates the broader importance of effective prevention and response while leaving the district-level implementation question to be investigated.

Legal reform gives public recognition to rights, identifies prohibited conduct and establishes responsibilities and routes to redress. However, an enacted law, an institution named in a policy, or an awareness activity is not sufficient evidence that protection is accessible. Implementation concerns how provisions are translated into identifiable practices, including informing communities, receiving complaints, responding safely, making and completing referrals, supporting survivors and pursuing appropriate remedies. These processes can be affected by institutional capacity, coordination, resources, local power relations and the costs faced by people seeking assistance. The distinction between formal provisions and practical access is central to this dissertation.

Uganda's framework developed through interacting constitutional, statutory and policy measures. The Constitution of the Republic of Uganda 1995 provides a foundation for equality and women's rights, including Articles 21 and 33. The Uganda Gender Policy 2007 places

gender concerns within public planning and implementation. The Prevention of Trafficking in Persons Act 2009 addresses a distinct form of exploitation. The Domestic Violence Act 2010 focuses on abuse within domestic relationships, while child protection is addressed by the Children Act and its amendments. The National Policy on Elimination of Gender Based Violence in Uganda 2016 provides a further policy framework for prevention and response. These instruments have different functions; they are not interchangeable titles for the same intervention (Government of Uganda, 1995, 2009, 2010; MGLSD, 2007, 2016).

The Domestic Violence Act 2010 is the central statutory reference for the study's discussion of domestic abuse. It was assented to on 17 March 2010 and commenced on 29 April 2011. Its relevance extends beyond physical injury to other forms of domestic abuse and access to protection and relief. This development is important because it places domestic violence within a formal legal response rather than leaving it exclusively to household or customary settlement. The historical significance of adoption is therefore distinguished from the subsequent question of implementation. The dissertation uses the original 2010 Act when referring to its numbered provisions; section numbering differs in the revised consolidation (Government of Uganda, 2010).

The study examines more than one instrument because implementation crosses institutional boundaries. Domestic abuse, sexual offences, child protection, trafficking, equal rights and policy coordination do not present identical responsibilities or evidential questions. A narrow focus on one statute could illuminate one pathway but would not fully reflect the different frameworks identified by participants. The Domestic Violence Act remains the principal reference point; other instruments are included where they help interpret the actual evidence, rather than being treated as a complete legal review of all GBV-related legislation.

National evidence also distinguishes formal provision from delivery. The Auditor General's 2022 value-for-money audit examined government efforts to eliminate intimate partner violence against women, including the legal framework, planning and budgeting, implementation, and monitoring. It provides a national implementation context rather than a district prevalence estimate or proof that Bukedea was assessed in the same way (OAG, 2022). The present study uses a local qualitative case to examine how such implementation processes are described and experienced by relevant actors.

There is a documented local basis for asking this question. A 2021 account of MIFUMI's community work, covering Bukedea together with Tororo and Budaka, described misinformation about legal processes and uncertainty about community responsibility for responding to violence. It also described mobilisation of local champions and collaboration with duty bearers. This is a programme account, not an independent district evaluation, and its statements cannot be converted into Bukedea-wide rates. Nevertheless, it identifies practical concerns about how legal protection reaches communities and supports an inquiry into awareness, institutional response and access (The Jo Cox Foundation, 2021).

The study therefore examines implementation through the relationship between formal responsibilities, reported institutional practice and the experiences of people seeking help. It does not assume that more police reports necessarily mean more violence, or that fewer reports demonstrate success. Reporting may change with awareness, trust, accessibility, classification and fear. Similarly, practical implementation may contribute to improved protection alongside economic and social conditions; this study does not isolate a causal effect of legislation on GBV prevalence.

1.1 Operational Definition of terms

Gender-Based Violence (GBV): For the purpose of this study, gender-based violence refers to any act of violence directed at an individual based on their gender, typically affecting women and girls disproportionately. This includes but is not limited to physical, sexual, emotional, and economic violence perpetrated in public or private spheres, and can encompass practices such as domestic violence, sexual assault, harassment, and harmful traditional practices (UNFPA, 2015).

Laws and Policies: In this study, laws and policies refer to legal frameworks and official government policies at the national and local levels aimed at addressing gender-based violence. This includes legislation specifically targeting GBV, such as laws criminalizing domestic violence and sexual assault, as well as broader policies related to gender equality, including; women's rights, and social welfare that may indirectly impact the prevalence and response to GBV (UN Women, 2017)

Implementation: This refers to the process of putting into effect or carrying out GBV laws and policies in practice. This encompasses the actions taken by government agencies, law

enforcement authorities, civil society organizations, and other stakeholders to enforce legal provisions, provide services to survivors, raise awareness, and promote gender equality to prevent and respond to GBV incidents (Heise, 2011).

1.2 Problem Statement

Uganda has constitutional protections, statutes and policies intended to prevent and respond to GBV. Their practical value depends on survivors being able to recognise abuse, obtain information, report safely, receive appropriate services and access remedies. At district and community levels, these steps require coordinated action by police, health providers, justice actors, community development and probation services, local leaders and civil society. The existence of the national framework therefore creates an implementation question: how far do these provisions translate into accessible and consistent practice in a particular setting?

In Bukedea, the available programme account identifies misinformation about legal processes and previously unclear community responsibility, while also documenting efforts to strengthen local networks (The Jo Cox Foundation, 2021). This evidence suggests practical issues worth investigating but does not establish their extent across the district. National audit work similarly treats implementation, resources and monitoring as matters requiring assessment (OAG, 2022). Neither source replaces detailed evidence on how relevant Bukedea institutions and community members navigate the response pathway.

The specific problem addressed by this study is the limited context-specific understanding of how national GBV protections are recognised, applied and experienced across the local response pathway in Bukedea. It was necessary to examine the relationship between implementers' accounts of their responsibilities and survivors' and community participants' experiences of access, referral, support and redress. Without this evidence, descriptions of national provisions or lists of activities offer an incomplete basis for identifying which implementation processes operate and where difficulties arise. The study therefore analysed awareness and application, stakeholder roles, perceived changes and barriers without presuming a district-wide failure or a measured legislative impact.

1.3 Objectives of the Study

1.3.1 General Objective

To analyse the status of implementing gender-based violence laws and policies in Bukedea District, Uganda.

1.3.2 Specific Objectives

i. To examine awareness and reported application of selected national GBV laws and policies among implementers, survivors and community participants in the study settings in Bukedea District.
ii. To examine the roles and practices of stakeholders in implementing GBV laws and policies in the study settings.
iii. To explore participants' perceptions of changes associated with the implementation of GBV laws and policies.
iv. To analyse the institutional, resource-related and sociocultural challenges affecting implementation of GBV laws and policies in the study settings.

1.3.3 Research Questions

i. How are the selected national GBV laws and policies understood and reportedly applied by implementers, survivors and community participants?
ii. What roles and practices do stakeholders describe in implementing GBV laws and policies?
iii. What changes do participants perceive as associated with implementation of GBV laws and policies?
iv. What institutional, resource-related and sociocultural challenges affect implementation in the study settings?

1.4 Scope of the Study

1.4.1 Geographical Scope

The study was conducted in Bukedea district. Bukedea district, is located in Eastern Region of Uganda, bordered by Kumi district to the west and north, Bulambuli district to the east, Sironko district and Mbale district to the south-East, and Pallisa district to the south. Bukedea district was

created by an Act of Parliament on 13 July 2006 and became operational on 1 July 2007. Before that, the district was part of Kumi district.

The district was chosen purposely because of the high cases of GBV that stand at 61% (MGLD, 2023). According to the National Survey on Violence Against Women (2021) by the Uganda Bureau of Statistics (UBOS), 37% of the respondents had experienced physical or sexual violence or by partners, a man and a woman committed to each other in a romantic or marital partnership (Drigotas & Rusbult, 1992) or non-partners, individuals who are not in a committed romantic relationship with each other (Manning *et al*., 2007) since the age of 15 years with a life time prevalence of intimate partner sexual violence was at 36% in Bukedea District.

1.4.2 Content Scope

The study was limited to the existing laws and policies, roles of different stake holders in implementing the Gender Based Violence laws and policies in Bukedea district, the impact as a result of implementing GBV Laws and Policies, and the challenges affecting the effective implementation of GBV laws and policies in Bukedea district.

1.5 Significance of the Study

The study contributes a contextual account of how a national protection framework is translated into local action. Its value lies in comparing the perspectives of those expected to implement the framework with those seeking assistance. This allows gaps between formal availability, institutional activity and practical access to be examined rather than assuming that these are equivalent. The contribution is an explanation of local processes and constraints, not a statistical ranking of districts or a claim that the identified problems occur only in Bukedea.

The multiple-instrument scope is justified by the evidence and the response pathway. The Constitution supplies a rights reference; the Domestic Violence Act addresses abuse within domestic relationships; the Penal Code and the child-protection and trafficking instruments relate to different offences and vulnerabilities; and policy frameworks help examine coordination and mainstreaming. Their combined use makes it possible to ask whether actors recognise the relevant framework and whether protection is available across institutional transitions. It does not require identical implementation criteria for every instrument.

For district planners, police, health and welfare services and civil society, the findings can inform clearer division of responsibilities, referral arrangements, privacy measures, legal information and resource priorities. For community and cultural leaders, the analysis identifies the distinction between accessible support and practices that discourage reporting or compromise safety. For scholarship, the study illustrates how equal rights in formal texts can coexist with unequal opportunities to use those rights. Its recommendations are proposals arising from contextual evidence, not interventions whose effectiveness has been tested by this study.

1.6 Theoretical Framework

The study adopted liberal feminist approach as the theoretical framework.

1.6.1 Liberal Feminist Approach

The liberal feminist approach by May Wollstonecraft (1972) emphasizes achieving gender equality through legal and policy reforms that address structural barriers to women's empowerment (Krolokke & Sorensen, 2006). In the context of analyzing the status of implementation of gender-based violence (GBV) laws and policies in Uganda, a liberal feminist perspective focuses on the importance of legal frameworks and institutional mechanisms in combating GBV and promoting women's rights. Legal scholar Martha Nussbaum's capabilities approach, which underpins liberal feminism, underscores the necessity of legal and policy frameworks in promoting women's capabilities and freedoms, including their freedom from violence and discrimination (Nussbaum, 1986). This perspective suggests that laws should be designed to enhance women's opportunities and autonomy thus addressing GBV through legal means.

Liberal feminist theory advocates for gender equality through legislative and policy reforms within existing societal structures. It emphasizes equal rights and opportunities for women, Including access to education, employment, and political representation, as essential for achieving gender equality (Tong, 2009). Liberal feminists argue that laws and policies should eliminate discriminatory practices and provide legal protections against gender-based discrimination and violence (Freedman, 2001). The liberal feminists believe that through legal reforms and institutional changes, women can achieve equality with men in all spheres of life, promoting a more inclusive and fair society (Friedman, 2000). Moreover, international

instruments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) obligate states like Uganda to take measures to eliminate discrimination against women, including addressing GBV through legal and policy measures (United Nations, 1979). Other instruments include the Maputo protocol which promotes and protects the rights of women in Africa, and its provisions are designed to eliminate discrimination and violence against women, particularly Article 5 which focuses on eliminating harmful practices that negatively impact women's rights such as Female Genital Mutilation. (Maputo Protocol, 2003)

1.6.2 Application of the Liberal Feminist Theory to the Study

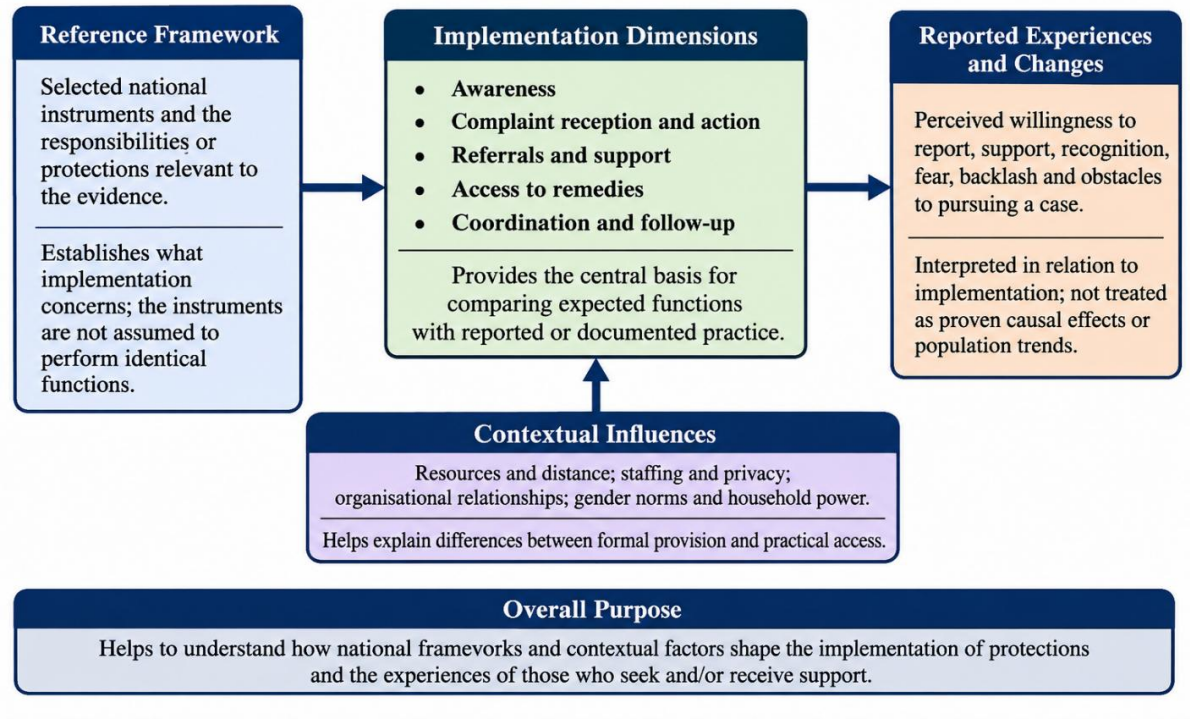
The theoretical framework guides three interpretive questions. First, do participants recognize rights and know where to obtain assistance? Second, do institutional procedures make protection practically accessible? Third, how do household and community power relations support or obstruct use of those protections? These questions connect the framework to the four objectives without implying that the qualitative material tests a causal model.

In Chapter Four, low awareness is interpreted as a barrier to exercising formal rights; transport costs, privacy deficits and delayed cases as barriers to equitable access; and intimidation and resistance to women's autonomy as constraints on the practical use of protection. Support services and economic opportunities may help survivors act on their rights, but their availability is assessed through the evidence rather than assumed to be sufficient.

The framework has limits. Legal and procedural reform alone may not remove economic dependence, entrenched power or fear of retaliation. The analysis therefore examines resources, coordination and norms alongside formal provisions and does not interpret every outcome as an effect of law. No claim is made that the capabilities approach is the historical foundation of liberal feminism; the dissertation uses the equal-rights and institutional-access perspective specified here.

1.7 Conceptual Framework

The conceptual framework for this study on analyzing the status of implementation of gender-based violence (GBV) laws and policies in Bukedea District involved examining the relationship between independent variables (GBV laws and policies) and dependent variable (Reduction in Gender Based Violence Cases).



Conceptual Framework showing relationship between study variables

The above conceptual frame work, explains the relationship between the Dependent Variable which is the status of implementation of GBV laws and the independent variable which is the GBV Laws and Policies. For the status of implementation, some of the positive changes as a result of the implementation of GBV laws and policies are highlighted including; strengthened community engagement, increased reporting of GBV Cases and institutional strengthening. The unintended or negative changes as a result of implementing GBV Laws and policies are also set out and they include; psychological stress and fear, legal and structural gaps, perceived gender imbalance. The GBV laws and policies are also highlighted and these include; Domestic Violence Act 2010, National Policy on Elimination of Gender-Based Violence (2016), The constitution of the Republic of Uganda (1995), The penal code Act (2007), The Children's Act (cap. 59), The prevention of trafficking in person Act (2009)

Besides, the laws and policies, there are other factors that can potentially affect the prevailing persistence of Gender Based Violence such as community engagements, institution capacities, social norms, the health care services, survivors' feedback and the institution capacity. The study is cognizant of multiple factors that can compromise the reduction of Gender Based Violence, however its main focus is the status of implementation of Laws and policies in Bukedea district.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This section resents the literature review on Gender Based Violence. Additionally, the section provides theoretical literature and empirical literature related to Gender Based Violence Laws. The empirical literature is presented according to the main themes of the study as reflected in the specific objectives. The section includes prevalence of GBV, theoretical review, empirical review and gaps in the literature.

2.1 Prevalence of Gender Based Violence

Law implementation id defined as the process of translating legal provisions into action by mandated actors (pressman and Wildavsky,1993) consisting of Existence, Dissemination, execution, compliance and enforcement. Globally, Lange and Young (2019) note that, "it is clear that the global prevalence of GBV is staggering and women are affected disproportionately." WHO (2012) recognizes that GBV significantly impacts public health and human rights. The World Health Organization (WHO) estimates that 30% of women worldwide have experienced physical and/or sexual intimate partner violence, and 7% have experienced non- partner sexual violence, in their lifetime (Lundin *et al*. 2020).

Across their lifetime, 1 in 3 women, around 736 million, are subjected to physical or sexual violence by an intimate partner or sexual violence from a non-partner a number that has remained largely unchanged over the past decade (WHO, 2021). It was evident that 1 in 4 young women (aged 15-24 years) who have been in a relationship will have already experienced violence by an intimate partner by the time they reach their mid-twenties (Mathur *et al*., 2018) In the Sub-Saharan Africa, the latest survey by United Nations World Population Review (2019) revealed that Sub-Saharan Africa consists of 48 countries with a population of 1.1 billion and accounts for 14.2% of the world population, with a growth rate of 2.66% in 2019. The overall prevalence of gender-based violence in Sub-Saharan Africa was high ranging from 42.3 to 67.7% (WHO, 2019). Muluken *et al*. (2020) reviewed studies that examined the prevalence of GBV including intimate partner violence (IPV) and non- IPV among women in sub-Saharan Africa (SSA). They found that women residing in Western Africa (30%) and Eastern Africa

(25%) experienced higher levels of emotional violence, physical violence, sexual violence, economic violence, verbal violence, trafficking, Marital Rape violence, UNFPA reported that GBV is a common practice in Sub-Saharan Africa, and sexual violence prevalence is high in some countries such as Zambia (90%) and Ethiopia (UNFPA Report 2022). About 25% of women in Malawi had experienced GBV (Massay, Susanti *et al*., 2022). The GBV prevalence in Cameroon was reported to be 35% ((MacPherson *et al*. 2014). The level of GBV was at 37% (Ocheme et al., 2020). In Rwanda, the level of GBV was at 40% (Kansiime & Tusasiirwe, 2017). GBV is reported as a common practice in Zimbabwe with sexual related violence as the major component (80%) (Ocheme *et al*., 2013). Uganda is currently classed as a low-income nation and the lifetime prevalence of GBV in Uganda is estimated at 49.9% (The Global Gender Gap.2020).

2.2 Existing Laws and Policies against Gender Based Violence

Gender-based violence (GBV) remains a pervasive issue globally, with detrimental effects on individuals, communities, and societies. While various laws and policies have been enacted to address GBV, their effectiveness often varies across regions.

At the global level, significant efforts have been made to address GBV through international conventions and frameworks. The United Nations Declaration on the Elimination of Violence against Women (1993) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) are key instruments that emphasize the importance of legal measures to combat GBV. 188 States have ratified the 1979 Convention on the Elimination of All Forms of Discrimination Against Women ("CEDAW"), which was a significant step forward in establishing fundamental rights for women. The mandate is for States "to adopt all suitable steps, including legislative action, to amend or repeal current laws, rules, conventions, and practices that discriminate against women." Although "discrimination against women in all its forms" was prohibited under the original CEDAW, violence against women was not expressly prohibited (Jayachandran, 2015).

Additionally, the Sustainable Development Goals (SDGs), particularly Goal 5 on gender equality and Goal 16 on peace, justice, and strong institutions, underscore the need for comprehensive legal responses to GBV (United Nations, 2015). However, despite these international

commitments, implementation gaps and challenges persist, particularly in regions with weak governance structures and limited resources. The phenomenon of gender-based violence is pervasive around the world, experienced by some one in three women in their lifetimes (Fawole, 2014). The elimination of such violence has been increasingly recognized as a priority for the international community. Legislation that criminalizes violence against women codifies the rights of women to live free of violence. Laws can play an important symbolic role, by indicating that such behavior is socially unacceptable (Onyemelukwe, 2018). Discrimination based on gender is forbidden by the 1976 entry into force of the International Covenant on Civil and Political Rights. Some have suggested that the ICCPR's ban on "inhuman or degrading treatment" ought to be seen as forbidding violence against women (Heise & Kotsadam, 2015

Therefore, Sub-Saharan Africa grapples with high prevalence rates of GBV, influenced by socio-cultural norms, economic inequalities, and weak institutional capacities. Many countries in the region have adopted legal frameworks to address GBV, including domestic violence laws, sexual offenses legislation, and policies promoting women's rights and empowerment. For instance, the Maputo Protocol (2003), a regional instrument of the African Union, reaffirms states' obligations to prevent and combat GBV.

Efforts to address GBV have gained momentum in recent years, driven by both international commitments and domestic advocacy. Countries like Kenya, Tanzania, and Uganda have enacted legislation criminalizing various forms of GBV and providing support services for survivors. For instance, the Sexual Offenses Act of Kenya (2006) and the Domestic Violence Act of Tanzania (2008) represent significant legislative steps towards combating GBV. However, challenges persist, including gaps in legal frameworks, inadequate funding for GBV programs, and cultural barriers that perpetuate violence and discrimination against women and girls

Kenya has several legislative frameworks addressing GBV, including: The Sexual Offences Act (No. 3 of 2006), which criminalizes various forms of sexual violence and harassment The Protection Against Domestic Violence Act (No. 2 of 2015), which provides for protection orders and legal remedies for victims of domestic violence and the National Policy on the Eradication of Gender-Based Violence (2014), which outlines a strategic framework for addressing GBV through prevention, response, and support measures (Ministry of Public Service, Youth and Gender Affairs, 2014).

Tanzania enacted the Sexual Offences Special Provisions Act (No. 4 of 1998), which addresses various forms of sexual violence and provides for legal recourse for survivors The Law of the Child Act (No. 21 of 2009), which includes provisions for protecting children from abuse, exploitation, and neglect and The National Plan of Action to End Violence Against Women and Children (2017-2022), which guides the implementation of strategies to prevent and respond to GBV (Ministry of Health, Community Development, Gender, Elderly and Children, 2017).

In Uganda, GBV remains a pressing concern despite legal and policy measures aimed at its prevention and redress. The Domestic Violence Act (2010), the Succession Act, the Divorce Act and the Children's Statute (Okello & Hovil, 2007) and the Prevention of Trafficking in Persons Act (2009) are among the key legislative instruments addressing GBV. Additionally, the National Gender Policy (2007) outlines strategies for promoting gender equality and combating GBV. However, implementation challenges, such as limited awareness of existing laws, corruption within the justice system, and societal attitudes that normalize violence, undermine the effectiveness of these interventions.

Identified Gaps in Existing Laws and Policies

Despite progress in legal frameworks against GBV, several gaps and shortcomings persist, particularly in the context of Sub-Saharan Africa, East Africa, and Uganda: Many countries lack the institutional capacity to effectively enforce existing laws and policies, leading to impunity for perpetrators and a lack of accountability. Additionally, survivors often face barriers in accessing justice, including prohibitive legal costs, lengthy court processes, and discrimination within the justice system, undermining their ability to seek redress (World Health Organization, 2021). Furthermore, there is a lack of comprehensive data on the prevalence and dynamics of GBV especially at the local level hindering evidence-based policy formulation and program development.

2.3 Positive changes as a result of the adoption of the GBV Laws and Policies

The adoption of GBV laws often includes provisions for enhanced support services for survivors, such as shelters, counseling, and legal assistance which have helped to draw attention to the issue of GBV. A study conducted in South Africa found that legislative reforms, such as the Domestic

Violence Act, led to increased reporting and prosecution of domestic violence cases, thereby reducing overall incidence rates (Johnson & Smith, 2018). Similarly, in Canada, the implementation of policies under the National Action Plan to Combat Human Trafficking has resulted in improved access to support services for victims of trafficking, including women and girls vulnerable to GBV, enhanced access to shelters and counseling (Smith, 2019). Additionally, a study in India highlighted that legislative initiatives like the Protection of Women from Domestic Violence Act have empowered women to seek legal recourse against abusive partners and have raised awareness about women's rights among the general population (Chopra & Bhatia, 2016).

Legislative measures aimed at combating GBV in East Africa have contributed to a notable reduction in reported incidents of violence and improved support services for survivors. For instance, study in Uganda have indicated that the implementation of the Domestic Violence Act has led to increased awareness and reporting of domestic abuse cases, thereby facilitating more effective interventions and support mechanisms (Government of Uganda, 2010). Countries like Kenya have seen advancements in victim support through legal reforms such as The Protection against Domestic Violence Act, (2010) which mandates the provision of shelters and counseling services for survivors It has been forwarded that the enactment of the Sexual Offences Act in Kenya, contributed to a notable decline in cases of sexual violence and increased reporting among survivors (Kamau 2017). Relatedly, a study in Tanzania highlights that legal frameworks addressing sexual violence have empowered survivors to seek justice and have contributed to changing societal attitudes towards GBV.

2.4 Challenges affecting the Effectiveness of GBV laws and Policies implementation

Gender-based violence (GBV) laws and policies are critical components of efforts to address and prevent violence against individuals based on their gender. While considerable strides have been made in enacting such legislation globally, challenges persist in effectively implementing and enforcing these laws. This literature review examines the existing scholarship on the challenges affecting the effectiveness of GBV laws and policies implementation, and identifies gaps in the literature.

The multifaceted nature of GBV poses challenges for policymakers in crafting comprehensive

legislation that adequately addresses all forms of violence. GBV encompasses various forms, including intimate partner violence, sexual assault, and harassment, each requiring specific legal provisions and enforcement strategies. However, the literature lacks in-depth exploration of the intersectionality of GBV and how it influences policy implementation (Kelly et al., (2005),

Legislation is regarded as a necessary and important step in addressing gender-based violence, while many other interventions are necessary to realize the implementation of such policies (Morrison et al., 2007). Uganda's attempt at criminalizing gender-related violence has adverse implications for gender justice (Okello & Hovil, 2007). Some degree of legal protection now exists on paper in most countries of the world, yet violence remains pervasive and enforcement weak (Hathaway & Shapiro, 2011). However, the adoption of legislation is only a first step in the process of addressing GBV. The implementation of these laws is a much greater hurdle because the legal systems and infrastructure have been undermined, while customary laws and traditional authorities prevail in ways that often discriminate against women (Hallward-Driemeier & Hasan, 2012).

The passage into law in 2007 of the Domestic Violence Bill in Ghana was largely attributed to the vibrant campaign conducted by the National Coalition on Domestic Violence Legislation in Ghana (the Domestic Violence Coalition or DVC), a coalition of civil society organizations that is part of the country's larger women's movement (Adomako Ampofo ,2008; Crawford and Anyidoho, 2013). Since 2007, however, a picture has emerged of slow implementation of the act by the bodies tasked with setting up the ancillary laws, bodies, and processes required to make the legislation effective.

Access to justice, one of the sustainable development goals (SDGs) under the UN 2030 Agenda, is a critical dimension to realizing several other SDGs, including attaining gender equality. In the absence of access to justice, women can face a worsening of their social, emotional, and financial outcomes, compounding already existing gender inequalities. Access to justice provided to survivors/victims of GBV thus forms an integral pillar to tackling GBV (OECD, 2021). Survivors/victims of GBV are a particularly vulnerable group when interacting with the justice system as they face the risk of re-victimization and stigma throughout the process (OECD, 2020).

Despite the existence of laws criminalizing GBV, enforcement mechanisms often fall short,

leading to impunity for perpetrators and barriers to justice for survivors. Smith et al. highlight the importance of effective law enforcement in deterring GBV and providing support to survivors. However, there is limited research on the specific factors contributing to the ineffectiveness of regulatory enforcement mechanisms, such as police attitudes, training, and resource allocation (2007). Cultural and social norms perpetuate GBV and can undermine the implementation of laws and policies aimed at preventing violence. The role of patriarchal attitudes and gender inequality in shaping societal responses to GBV cannot be overemphasized. While existing literature acknowledges the influence of cultural factors, there is a lack of research on effective strategies for challenging harmful norms and promoting gender equality within legal frameworks (ewkes et al. (2015). Additionally, limited resources pose significant challenges to the implementation of GBV laws and policies, affecting the provision of support services, training for law enforcement officials, and public awareness campaigns. Abramsky et al. (2014) stress the importance of sustainable funding mechanisms to ensure the long-term effectiveness of GBV interventions. However, there is a dearth of research on innovative financing models and resource allocation strategies tailored to address GBV in diverse contexts. According to Stark and Landis (2016), gaps in data collection and reporting systems limit our understanding of GBV dynamics and impede efforts to monitor progress over time.

2.5 Strategies that are vital for the effective implementation of GBV laws

In recent years, several countries have made efforts to strengthen their laws on GBV on various fronts, but only a limited number of countries provide a comprehensive implementation strategy or enforcement mechanism is aimed at ensuring that the adopted laws and policies are implemented (Beck *et al*. 2023). Ensuring adequate human, technical and financial resources is key to establishing systems that are well-functioning and can effectively respond to GBV (Njuguna, 2016). GBV laws should recognize that prevention of violence is a long-term process that focuses on the changing of belief systems and behavior norms, and that change needs to be sustained over time (Perrin *et al*. 2019). This will require organizational commitment and advocacy with donors.

To address GBV, programmes should be designed as part of a multi-level, multi-sectoral approach no one sector or agency can succeed on its own, hence the important of coordination (Keesbury *et al*. 2012). While male engagement is increasingly encouraged, there is need for

caution lest the involvement of men ends up perpetuating the same patriarchal tendencies that create a fertile environment for GBV to thrive. While working with men it will also be necessary to encourage the provision of services and referrals for women. Women as the most affected victims of GBV, need to be supported to break the silence and in reporting and resolving issues with police and traditional leaders. Supporting women's economic independence through training and microfinance may also assist in reducing violence (Keesbury *et al*. 2012).

Additionally, funding agencies should prioritize capacity building for those charged with implementing GBV policies (Njuki *et al*. 2012). A conducive environment is required to support interventions such as a legal framework that provides protection and punishes perpetrators, as well as services to support those affected by GBV (Morrison *et al*. 2007). Where these do not exist, community sanctions may prove effective, but in the longer term there will be need for coordination and advocacy locally and at a national level. Though they are often the focus of projects seeking to tackle GBV, human rights and awareness trainings, on their own are not sufficient. They should be followed up with targeted interventions to directly tackle GBV including; GBV shelters, facilitating GBV survivors to access justice, among several others. In many contexts, especially rural areas, few, if any, of such services exist to assist in addressing GBV (Dolan, 2016). In such situations, a community approach, grounding the work in the grassroots is key. Looking for circles of influence is especially important in a bid to work towards creating a conducive environment e.g. family, households, community, traditional and /or religious leaders, police, health service workers, and teachers.

A Rwandan study on refugees' perspectives on the enforcement of GBV laws, established that even when incident monitoring and response services are available, social norms and power dynamics within refugee communities may prevent women from accessing them. The study concluded that a top-down approach to GBV prevention may reinforce disparities by affording the same actors who exploit community members the power to define and control monitoring, response, and evaluation processes. To effectively improve accountability systems, study participants suggested collaborative programs that engage camp leaders, non-governmental organization (NGO) staff, and residents in shared problem solving around culturally appropriate responses to human rights abuses (Ho & Pavlish (2011).

One key strategy identified in the literature is capacity building among stakeholders involved in

GBV law implementation. Training programs for law enforcement officers, judiciary personnel, healthcare professionals, and social workers have been shown to enhance their understanding of GBV dynamics, improve response protocols, and ensure victim sensitive approaches (Smith, 2018). Effective implementation requires collaboration among multiple sectors, including government agencies, NGOs, community-based organizations, and the private sector. Multi-sectoral partnerships facilitate coordinated responses, resource sharing, and the development of comprehensive support services for survivors (Johnson et al., 2020).

Engaging communities in GBV prevention and response efforts is also essential for creating supportive environments and challenging harmful social norms. Community-based interventions, such as awareness campaigns, peer education programs, and support groups, empower individuals to recognize and address GBV within their social networks (Garcia et al., 2019).

Regular monitoring and evaluation of GBV laws and programs are critical for assessing their impact, identifying gaps, and informing evidence-based policy reforms. Robust data collection mechanisms, performance indicators, and evaluation frameworks enable stakeholders to track progress, measure outcomes, and allocate resources effectively (Doe et al., 2021).

2.6 Gap in the Literature

While considerable scholarship exists on GBV, most of it is geared towards programmes aimed at reducing GBV. Furthermore, the relatively thin scholarship that does exist is mainly based on Western contexts making it difficult to apply to the Ugandan context. Many studies focus on implementation strategies in specific contexts or regions, limiting generalizability. Additionally, more research is needed to understand how cultural, social, and political contexts influence the extent to which GBV laws and policies are actualized. This study hopes to address this knowledge gap by analyzing the status of implementation of Gender Based Violence laws in Uganda, specifically in Bukedea district.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This section describes the methodology employed to conduct the study. It encompasses the research design, area of study, description of the population, sampling procedures, data collection methods, data collection tools, data quality management, data analysis plan, ethical considerations.

3.2 Research Design

The study used a qualitative case study design. Bukedea District provides the geographical and institutional context, while the empirical material concerns the response pathway represented by selected implementers, survivors and community participants. The qualitative approach is appropriate for examining how people understand protections, describe institutional practice and experience barriers. It permits comparison of perspectives without requiring every experience to be converted into a numerical indicator.

The case is bounded by the locations and institutions actually represented in the fieldwork, the selected national instruments relevant to those accounts and the data collection period. It is not a legal audit of every provision or a census of the district. Interviews, discussion accounts and documents provide different views of the same implementation concern. Their combination helps identify converging accounts and differences, but does not by itself establish the accuracy of every reported event.

3.3 Area of Study

The research was conducted in Bukedea District in eastern Uganda. The district setting was relevant because GBV response involves interactions between district and community actors, formal institutions and informal support structures. Accounts in the study concern both institutional centres and communities where travel, service information and social relationships may affect access. This makes the setting useful for exploring how a nationally established framework operates through local relationships and institutions.

The choice is justified as an information-rich case for examining implementation, not by an unverified claim that 61% of district residents experience GBV or that the district ranks highest nationally. The documented programme context involving MIFUMI also identifies local

awareness and response concerns (The Jo Cox Foundation, 2021). The study does not assume that the selected case represents all of Uganda or that every named administrative area was systematically sampled.

3.3 Study population

The study population comprised people with relevant responsibilities or experience of implementing and using GBV protections in the study settings. Institutional and community implementers included district community development and probation personnel, police, health workers, justice or legal-service actors, civil society representatives and local leaders. Survivor interviews provided accounts of seeking help, while community discussions explored awareness, norms and perceptions of response. These groups contribute different evidence and should not be treated as a single representative population.

The principal analytical focus was the local implementation process: recognition of the framework, actor practice, referral and support, access to remedies, coordination and barriers. Individual participants were sources of evidence about those processes; institutions and community settings were contexts within which the accounts arose. The unit of observation should therefore not be confused with a district population denominator. An individual's report of a service does not establish that all institutions provide it, and an account of obstruction does not establish that every case is obstructed.

3.4 Sampling approach

Purposive sampling is the approach supported by the study's abstract and the selection of participants for relevant roles and experiences. Its rationale is to obtain information suited to the research questions rather than to give every district resident a known probability of selection. Campbell et al. (2020) emphasise the importance of aligning purposive selection with the design and aims and explaining the strategy transparently. This supports role-based inquiry but does not, on its own, justify any particular final number.

The unsupported description of random sampling has been removed. The manuscript does not document a complete sampling frame, random draw or selection probabilities. Local council leaders are acknowledged as helping with participant contact or selection, but their involvement is not equated with a random procedure. Recruitment through institutions or gatekeepers can

facilitate access while favouring visible cases or people already connected to services; this possibility informs the limitations.

3.4.2 Sample size

The study consists of 23 key informants and 19 survivor interview participants.

Table 3.1 Participant accounting for the qualitative study

Source	Reported extent	Interpretive qualification
Key informant interviews	23 participants; 13 women and 10 men reported.	Role categories overlap; reconcile against the KII roster.
Survivor interviews	19 participants; 17 women and 2 men.	Distinct interview group; overlap with FGDs is not documented.
Focus group discussions	2 sessions; FGD1 has 11 participants.	FGD2 size and sex composition require confirmation.
Unique overall participants	Not certified pending record reconciliation.	The earlier total of 60 and a possible 63 participation instances must not be used interchangeably.

The groups were analytically relevant because the questions require both provision-side and user-side accounts. Implementers can describe responsibilities, procedures and constraints; survivors can describe whether assistance was reachable and acceptable; and community participants can describe information pathways and social pressures. Inclusion of multiple sectors makes it possible to examine transitions between services. This explains the composition of the inquiry but does not establish that saturation was achieved or that the sample captures every institutional and social position.

3.5 Data Collection Methods.

Both primary and secondary data was collected. Primary data was obtained through key informant interviews, two focus group discussions, in-depth interviews while secondary data was gathered from relevant documents related to GBV laws Such as police reports, Hospital records, Articles, websites books. The study also ensured Quality control of data where data collection assistant was clearly briefed on how interact with the participants from the field, the ethical guidelines were also observed where by all the participants were informed about the purpose and the benefits of the study with respect and dignity,

Key informant Interviews:

The study reports interviews with people occupying relevant institutional or community roles. The questions concerned awareness and use of the framework, responsibilities, cooperation, perceived changes and barriers. Officials' accounts are interpreted as evidence of their knowledge and experience, not as an independently verified account of all institutional performance. Descriptions of legal powers are assessed separately from participants' views. The guide is reproduced in Appendix II with identified editorial corrections.

Key Informant Interviews (KIIs) were conducted with twenty-three (23) officials who play significant roles in the implementation of GBV laws and policies in the district. This group comprised ten (10) males and thirteen (13) females, aged between 30 and 60 years, with education levels spanning certificate, to master's degree. The participants included district officials such as the Senior Community Development Officer (CDO), representatives from the Chief Administrative Officer's (CAO), a Probation Officer, Judicial officers from the Magistrate's Court, Law Enforcement Officers responsible for GBV cases, and representatives from civil society organizations such as Action Aid. The researcher inquired about their perspectives on the existing GBV laws and policies and challenges faced in implementing GBV laws and policies.

Nineteen survivor interviews explored awareness, routes to reporting, assistance received, case follow-up, barriers and suggestions for improvement. The recorded group includes 17 women and 2 men, with both adults and minors represented. The analysis therefore attends to power, dependence and the risk of disclosure. Survivor accounts are not used as a basis for estimating the prevalence of violence among district residents. Procedures for permission, assent and protection of minors require explicit confirmation under Section 3.8.

Focus Group Discussions:

FGDs explored community understandings, stakeholder roles, perceived changes and social barriers. A discussion permits participants to respond to and contest community ideas, but it may also inhibit disclosure of sensitive experiences or encourage agreement with dominant voices. Group statements are therefore not counted as independent votes or transformed into population percentages. FGD2 attendance remains subject to Q3. Personal accounts in a group are used with particular caution because anonymity within the discussion cannot be guaranteed by the

researcher.

2 Focus group discussions were conducted with diverse groups of community members, the first FGD (FGD1) comprised eleven (11) participants, including seven (7) females and four (4) males, aged between 18 and 30 years. The second FGD (FGD2) consisted of seven (10) participants, of whom five (5) were male and five (5) female, aged between 19 and 30 years. The researcher facilitated discussions on the barriers and obstacles encountered in the implementation of GBV laws and policies.

In-depth Interviews

The in-depth interviews were conducted with a total of nineteen (19) participants to gather detailed insights on the implementation of Gender-Based Violence (GBV) laws and policies in Bukedea District. The participants comprised seventeen (17) females and two (2) males, reflecting the predominantly female face of GBV experiences in the community. Participants ranged in age from 13 to 42 years. Two were very young adolescent girls aged 13 years, while others fell into the categories of late adolescence (15–18 years), early adulthood (22–29 years), and middle adulthood (33–42 years).

Document Analysis

The researcher gathered official documents such as laws, policies, regulations, and reports related to GBV in Bukedea District. Researcher examined official documents, reports, and publications related to GBV in Bukedea District. These included government reports, NGO publications, and academic studies. The researcher also identified specific strategies mentioned in these documents for the implementation of GBV laws and policies.

3.6 Data Analysis

The study describes thematic coding, grouping data into themes and comparing sources. In the revised presentation, the themes are organised around the four objectives and the implementation dimensions defined in Chapter One. Awareness is distinguished from enactment; activity from access; coordination from co-presence of actors; and perceived change from measured impact. This constitutes a clearer analytical organisation of the available material and does not imply that an additional round of data collection occurred.

The analytical presentation places relevant accounts beside one another and asks what they show about an expected function. For example, a provider's description of referral is interpreted alongside accounts of transport costs or follow-up difficulties. Convergence supports the plausibility of the process described, while differences are retained rather than forced into agreement. Chapter Four identifies where the material does not establish service coverage, processing time, institutional outcomes or a causal relationship.

Liberal feminist theory informs interpretation of the difference between formal rights and the opportunity to exercise them. The discussion considers how information, costs, institutional treatment and gendered authority shape practical access. Numerical descriptions of the interview sample are descriptive only. The study does not calculate causal coefficients, population prevalence, effectiveness scores or a legal-compliance percentage. The detailed practical sequence of coding, personnel involved and any software used must be confirmed under Q4 rather than inferred from the final thematic headings.

3.7 Ethical Considerations

A series of steps were taken to ensure that the study complied with ethical guidelines. All participants are fully informed about the purpose, procedures, risks, and benefits of the study. Participants voluntarily agreed to take part without any form of coercion. When reporting results, the study used pseudonyms or codes to maintain confidentiality. All participants were treated with respect and dignity, ensuring that their voices and experiences are represented accurately and sensitively. The Makerere University School of gender also helped the researcher in the data collection preparations, the research proposal and the data collection tools were submitted and approved by the researcher's, supervisor before proceeding to the field. The University also provided the researcher with an introductory letter to present to the participants in study area Bukedea district.

CHAPTER FOUR: FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents the findings on the status of implementing Gender-Based Violence (GBV) laws and policies in Bukedea District which comprises the following sub counties; Bukedea Town Council, Kapyanga, Magola, Kamutur, Kocheka, Kidingole, Aminit, Koena, and Malena sub-counties The data presented here was collected from Respondents through key s interviews, in-depth interviews with GBV survivors, and Focus Group Discussions with the community members. Participants were from different villages such as Kide Central, Kide South, Kide East, Kide North, Emokori A, Orapada, Kolir, Kabolo, Kakere, Atiriri, Momeri and Omoniek. The chapter begins with the socio demographic characteristics of the study participants, followed by an overview of the GBV laws and policies in Bukedea, and finally the findings are presented and analyzed according to the emerging themes from the field. These include; an overview of laws and policies on GBV in Bukedea district, the roles of different stakeholders in implementing GBV laws and policies, impact (positive and unintended) of implementing the GBV laws and policies and the challenges faced in the enforcement of GBV Laws and Policies. The findings in this chapter reflect the views and experiences of the respondents and are supported by direct quotes where necessary to make the presentation clear and easy to understand.

4.2 Socio-demographics Characteristics of the Participants

Table 4.2.1 Focus Group Discussion

Focus Group Discussions	SEX Male	Female	Total
FGD 1	4	7	11
FGD 2	5	2	10

The first FGD (FGD1) comprised eleven (11) participants, including seven (7) females and four (4) males aged between 18 and 30 years. Most of the females were farmers and small-scale businesswomen with education ranging from primary level to bachelor's degree, while the males included a local leader, a diploma-level teacher, and small business operators. Religious affiliations were diverse, with participants identifying as Catholic, Muslim, and Born Again. This composition provided rich insights into how gender, livelihood, and faith shape community

responses to GBV.

The second FGD (FGD2) consisted of ten (10) participants, of whom five (5) were male and five (5) female between 19 and 30 years. Their educational levels ranged from primary and S.4 leavers to diploma and bachelor's graduates. Occupations included farming, business, NGO work, government service, and accounting. Among them was a divorced male participant who shared perspectives on how marital breakdown intersects with GBV experiences and stigma within the community

4.4. Key Informants Interviewed

Key Informant Interviews (KIIs) were conducted with twenty-three (23) officials who play significant roles in the implementation of GBV laws and policies in the district. This group comprised ten (10) males and thirteen (13) females, aged between 30 and 60 years, with education levels spanning certificate, to master's degree. The participants included district officials such as the Senior Community Development Officer (CDO), representatives from the Chief Administrative Officer's (CAO), a Probation Officer, Judicial officers from the Magistrate's Court, Law Enforcement Officers responsible for GBV cases, and representatives from civil society organizations such as Action Aid. These informants shared their professional insights on policy implementation, coordination, and challenges in addressing GBV.

The Key informant interviews also included officials representing government, civil society, law enforcement, health services, and community structures. These included one female representative from Khoril Women Initiative and one female representative from MFUMI, a local NGO working on GBV prevention and response. From the law enforcement department, two police officers (one male and one female) responsible for handling family and GBV-related cases were interviewed.

In addition, four Village Health Teams (VHTs) from the villages of Kide Central, Kolir, Emokori A, and Kakere Central participated, alongside the District Health Officer (DHO), one Probation Officer, and one Parish Leader from Bukedea Catholic Church, all of whom play critical roles in GBV prevention, response, and survivor support. A representative from a Civil Society Organization (CSO) Khoril Women Initiative was also interviewed, providing insights on advocacy and community interventions. Additional KIIs were conducted with local leaders,

teachers, health workers, and youth representatives GBV dynamics and response mechanisms to capture diverse community perspectives on Gender Based Violence. 4.2 Gender Based Violence Survivors

No. of Participants (survivors)	**Age**	**Marital status**	**Sex**	**Education**	**Occupation**
S1.	13	Single	Female	Primary	No work
S2	33	Married	Female	Diploma	Business
S3	37	Married	Female	Primary	Farmer
S4	22	Divorced	Female	S.4 Certificate	YAPs/ HIV peer
S5	15	Single	Female	Primary	Business
S6	27	Single	Female	Primary	Farmer
S7	35	Married	Female	Primary	Business
S8	38	Married	Female	Primary	Farmer
S9	42	Married	Male	Diploma	Teacher
S10	39	Married	Female	Diploma	Farmer
S11	13	Single	Female	Primary	No work
S12	29	Married	Female	Primary	Business
S13	34	Married	Female	Diploma	Teacher
S14	36	Married	Male	Primary	Business
S15	41	Married	Female	Primary	Business
S16	28	Married	Female	Primary	Farmer
S17	36	Married	Female	Diploma	Farmer
S18	33	Married	Female	Primary	Farmer
S19	18	Married	Female	Primary	Farmer

Source: Field Data, 2024

In-depth Interviews (IDIs) were conducted with a total of nineteen (19) participants to gather detailed insights on the implementation of Gender-Based Violence (GBV) laws and policies in Bukedea District. The participants comprised seventeen (17) females and two (2) males, reflecting the predominantly female face of GBV experiences in the community. Participants

ranged in age from 13 to 42 years. Two were very young adolescent girls aged 13 years, while Others fell into the categories of late adolescence (15–18 years), early adulthood (22–29 years), and middle adulthood (33–42 years). This diversity allowed the study to capture the perspectives of both younger and older survivors, including those engaged in family and economic responsibilities. The majority of participants (12 out of 19) were married and one Divorced, while 5 participants were Single. The inclusion of both single adolescent girls and married women provided insights into how marital status intersects with GBV vulnerabilities and experiences.

Of the 19 participants, 17 were female and 2 were male, ensuring that men's experiences, though fewer, were also represented. Educational backgrounds varied. A significant proportion (13 participants) had only attained primary education, 4 participants had completed diploma-level education, while the rest were school dropouts at primary level. Participants subscribed to diverse religious faiths. The majority were Catholic (10), followed by Born Again (6), Muslim (2), and Seventh - day Adventist (1). These affiliations are important as religious institutions often play a central role in shaping community attitudes and responses to GBV. The largest group were farmers (9) participants), followed by those operating businesses on a small scale (6) participants), a teacher (2), and 3 participants without any formal work (mostly adolescents). This distribution highlighted the intersection between livelihood options, economic vulnerability, and exposure to GBV.

4.3 Overview of GBV Laws and Policies in Bukedea District

This section presents detailed findings on the Gender-Based Violence (GBV) laws and policies in Bukedea District, and the institutional framework responsible for their implementation. This forms the independent variable of the study, which influences the effectiveness of GBV prevention and response in the district.

The legal and policy framework governing Gender-Based Violence (GBV) Laws in Bukedea District is grounded mainly in national laws and policies. Participants consistently identified the following key national laws as guiding GBV prevention and response efforts: The Domestic Violence Act (2010), The Constitution of the Republic of Uganda (1995), The Penal Code Act of 1950 which was revised in (2007), National policy on elimination of Gender Based Violence (2016), The Children Act (Cap. 59. 2016), The prevention of Trafficking in persons Act

(2009),and National Gender Policy (2007). The Acting Senior District Community Development Officer (CDO) and NGO representatives indicated that these laws and policies provide clear institutional mandates and operational guidelines for prevention, response, and prosecution of GBV. For example, the CDO stated: "*These laws and policies give us a framework for action from reporting, investigations, to support services for survivors.*" A police officer handling GBV cases also confirmed: "*The laws exist and are clear. We have procedures for domestic violence, defilement, and trafficking cases*.

The Domestic Violence Act (2010). This is the primary legal mechanism used to handle sexual violence cases within homes. It criminalizes, physical, psychological, emotional and economic abuse between intimate partners of family members. It grants local magistrates and local council courts the authority to issue protection and restraining orders. The nineteen survivors that were interviewed, only five reported having heard about the Domestic Violence Act, mostly through local radio programs or NGO sensitization meetings. The Domestic Violence Act (2010) offers specific legal protections and remedies for survivors of domestic violence, including protection orders, criminal sanctions, and support services. In Bukedea Town Council and surrounding villages such as Kakere and Emokori, participants reported that this law is more frequently referenced compared to other national frameworks as one female survivor aged 18 explained: "*I once heard on the radio that beating a woman is against the Domestic Violence law, but here most women don't know how to use it*." Another survivor said: "*They say the law is there, but for us, we only run to the LC [Local Council] chairperson when we have problems*." A probation officer in Bukedea observed: "*Yes, the Act exists, but in the villages people have never seen the document; they just hear about it during community meetings*." A female CSO representative working on GBV prevention further commented "*awareness campaigns are ongoing, but the reach is very small compared to the need. Many women do not know that they can seek a protection order under this Act.* This demonstrates the disconnect between the law and practice where the law is often removed from the daily lived realities of rural populations. As forwarded by Tamale there is often the State law (written) and the lived law (often unwritten) and local communities often revert to this lived law because it's more accessible to them. She further argues that unless deliberate attempts are made to rid the state law of its colonial elements, it will continue to be an abstract phenomenon, removed from the lives of local communities (Tamale 2020).

The Constitution of the Republic of Uganda (1995) is the country's Supreme law that guarantees gender equality and prohibits discrimination based on sex. It provides the overall foundation for protecting women and girls from violence and unequal treatment. In principle, the Constitution applies uniformly across Bukedea district, placing every resident under its protection and obligations. Several participants, particularly women survivors of GBV, noted that while they were aware that "the Constitution talks about equal rights," they had little knowledge of how to invoke its protections in cases of abuse.

A male key informant (police officer) emphasized that "*many residents do not know their constitutional rights, and this limits how they report cases of domestic violence.*" Community leaders reported that in some villages, cultural norms tend to override the law, leading to continued tolerance of practices such as early marriage and wife-beating despite these practices being unconstitutional as per article 33 of the Constitution. When GBV survivors were asked whether they had ever heard of or engaged with the Constitution in relation to GBV, the majority responded that they hadn't. Out of the nineteen survivors interviewed, only four indicated that they had heard about the Constitution through school or church civic education, while the rest admitted they had no knowledge of what it says about women's rights. As one female survivor aged 19 remarked: "*I only hear that there are laws in Kampala, but here in the village, people don't know what they mean*." GBV Survivor from Emokori village.

Women's groups and local CSO representatives also highlighted that the law, though progressive, is often silent in the daily lives of rural women, unless explained through community dialogues or legal awareness sessions. For instance, a female participant in an FGD remarked, "*We hear about the Constitution in school or on the radio, but in the village, people follow traditions more than the book of laws*." The removed nature of the Constitution and other GBV laws, from the daily lived lives of people from Bukedea, as observed by the participants, indicates that, while the Constitution lays a critical legal framework at the national level, at the grassroots level, knowledge gaps, limited civic education, and cultural practices exist that hinder its effective application

The Penal Code Act is another important law in line with GBV as it criminalizes offenses such as rape, defilement, and assault. Police officers who deal with GBV crime related in Bukedea town reported using this law regularly in prosecuting GBV offenders, particularly for cases

reported in the town center and nearby trading centers like Omoneik. Yet, out of the nineteen survivors interviewed, only six had ever heard about specific provisions related to sexual offenses and assault. One female survivor noted: "*I know that beating or raping someone is a crime, but I do not know which law protects me. We just go to the police when things get serious*." Another female survivor added: "*In my village, people usually handle matters at home or through the LC. The police only get involved if it is very bad*."

Another law that was mentioned by the participants is the Children's Act (CAP 59, 2016). A Community Development Officer in Magola sub-county highlighted that the Children's Act is crucial when dealing with cases of child marriage and defilement but its enforcement remains weak. Results further indicated low awareness of the Children Act among both survivors and community members. Of the 19 GBV survivors interviewed, only five were aware that specific legal provisions exist to protect children from sexual abuse and early marriage. One female survivor said: "*I was married off at 15. I did not know anyone could stop it legally. My parents and the community elders just arranged it*." A male community youth added: "*We hear about the Children's Act sometimes on the radio, but most people here don't know how to report or use it.*"

These views were further emphasized by a Community Development Officer (CDO) in Magola Sub-County, who forwarded that enforcement is inconsistent and often challenged by cultural practices. The officer stated: "*The law is strong, but people still practice child marriage secretly. Many families fear social stigma or economic loss, so they do not report cases to authorities*."

Another local key informant noted: "*Even when we try to enforce the law, some community leaders prefer reconciliation rather than legal action, which limits the law's effectiveness*. Another important law in line with GBV is the Prevention of Trafficking in Persons Act (2009). Although less frequently mentioned by participants, especially community leaders, it was recognized by police and NGO workers in Bukedea as an important tool to combat trafficking-related GBV, which occurs especially along major roads passing through the district. Only seven out of the 19 GBV survivors interviewed had ever heard of the Act, and none had personally interacted with it. A female survivor said: *"I never knew there was a law against taking children or girls to work far away. We just hear about people going to towns and never coming back."*

Police officers and NGO workers, however, reported active use of the law in handling trafficking cases. A male police officer noted: *"We use this law to arrest and prosecute people*

trying to traffic children or women from Bukedea to other districts or neighboring countries. It is an important tool, but reporting of such cases is still low." A representative from an NGO working on GBV prevention added: *"We try to educate communities about the dangers of trafficking and inform them about the law, but outreach is limited and cases often go unreported."* Key informants further highlighted that enforcement is challenged by secretive operations, community reluctance to report, and limited resources for follow-up investigations. A community leader observed: *"Even when people know it is illegal, fear of retaliation or loss of income stops them from informing authorities".* These findings demonstrate that while several laws exist, most of them drafted at the national level, community members including GBV survivors don't revert to them when their rights have been violated but rather primarily revert to other non-legal structures. For most survivors, their first interaction with the laws, is when they report cases to state institutions such as police.

At policy level, several policies were mentioned, including; National Policy on Elimination of Gender-Based Violence (2016) and The National Gender Policy (2007).

The National Policy on Elimination of Gender-Based Violence (2016) guides coordinated actions to prevent and respond to GBV across all government levels and district institutions such as those in Bukedea. Participants stated that the policy underpins local action plans, though implementation varies by area. Some district officials and NGO representatives indicated familiarity with the policy. The Acting Senior District Community Development Officer (CDO) stated: "*This policy guides our programs, from sensitization campaigns to responding to reported cases. It sets the standards for how local governments should handle GBV*." A representative from ActionAid noted: "*We align our interventions in Bukedea with the policy, especially when training community leaders and GBV focal persons*."

However, awareness of the policy among the survivors was rather limited. Among the 19 survivors 14 of them had never heard of it or directly interacted with it. One female survivor explained: *"*I don't know this policy. We just hear about police or health workers helping women after violence, but no one ever told us about a law or policy*."* Another survivor said: *"I have never been informed about this policy, only that there are some people to report to when abuse happens."* During the FGDs, participants reported similar opinions, showing that at the grassroots level, the policy is largely unknown. One male participant in FGD1 remarked*: "We*

have not heard of the policy. We only know to go to the police or the local council, if problems happen." The National Gender Policy (2007), which is aimed at promoting gender equality and women's empowerment.

The sentiments from NGO representatives were quite different from those of the GBV Survivors. NGO representative from Action Aid and MFUMI in Bukedea emphasized this policy's role in shaping local gender mainstreaming efforts, though patriarchal norms in villages like Kolir and Emokori continue to challenge progress. Furthermore, despite the presence of these national laws and policies, the study found no evidence of specific GBV-related local bye-laws and ordinances in any of Bukedea's sub-counties. This absence suggests a heavy reliance on national legislation even though, its implementation is also rather limited as revealed by the findings.

A community leader from Kide Central expressed concern:

> "*We know the national laws exist, but there is no local rule or bye-law that clearly guide us in handling GBV in our village. Sometimes cultural beliefs still take priority over the law."*

A representative from MFUMI NGO further emphasized:

> "*We work within the national laws to educate Bukedea communities, but there is no specific local law or bye-law that directly addresses GBV at the district level*."
> (In-depth Interview, MFUMI representative)"

The findings above demonstrate that Although the national GBV legal framework including the Constitution of the Republic of Uganda (1995), the Domestic Violence Act (2010), the Penal Code Act, the Children Act (Cap. 59), the Prevention of Trafficking in Persons Act (2009), and the National Policy on Elimination of Gender-Based Violence (2016) is formally well established in law, the study found that its practical recognition and implementation in Bukedea District vary considerably.

Interviews with GBV survivors and community members revealed low awareness and limited direct engagement with these laws. Many survivors had never heard of the Domestic Violence Act or the National GBV Policy. One female survivor explained: "*I don't know these laws. We just go to the police or health workers after incidents happen, but no one told us about any policy or legal rights.*" FGD participants indicated that information about these laws rarely

reaches rural villages such as Kakere, Kide, and Emokori.

These findings on the lack of awareness of GBV Laws and policies among local communities have also been raised by (Matembo, 2024) lack of awareness undermines the enforcement and impact of legislation, as individuals may un knowingly violate laws or fail to access the rights and services to which they are entitled to in GBV, victims may not be aware if the legal protections available to them or how to access thee support services. The lack of awareness perpetuates a culture of impunity for perpetrators of violations, without understanding of the consequences of their actions, individuals may continue to engage in unlawful behavior without fear of percussions. On the hand, the knowledge about the laws from those charged with implementing and working with them regularly, like the police and NGOs demonstrates the vital link between knowledge of the laws and their continued application in their daily operations.

4.4 Roles of stakeholders in implementing the Gender Based Violence laws and policies in Bukedea District

In Bukedea District, various stakeholders play significant roles in the implementation of Gender-Based Violence (GBV) laws and policies. Through thematic analysis, key themes emerged highlighting the contributions of government officials (both men and women), law enforcement officers, health workers, community leaders (women and men), NGOs with female-led initiatives, and other actors. These stakeholders collectively work towards preventing and responding to GBV. Notably, women leaders are playing critical roles in survivor support, community sensitisation, and advocacy efforts. The involvement of diverse stakeholders underscores the multifaceted approach needed to address GBV effectively in the district.

The study identified several active NGOs and CBOs in Bukedea working on GBV-related issues across areas including Bukedea Town Council, Kapyanga, Magola, Kakere, Emokori, Kide Central, Kolir, Omoneik, and other villages. These organizations include Our Community Needs (OCONE), which mobilizes communities and raises awareness about GBV laws and survivors' rights; Action for Development of Local Communities (ADOL), which operates legal aid clinics and psychosocial counseling; The Children's Hope Chest, focusing on child protection against abuses and early marriage; Action for Development of Grassroots Communities (ak)DEGCo),

empowering women survivors through skills and microfinance in marginalized villages; and the Uganda Youth Development and Training Program, targeting youth with gender equality and GBV prevention education. These organisations conduct activities like door-to-door visits, community dialogues, legal aid, psychosocial counselling, and skills training, aiming to transform harmful cultural practices, promote access to justice, reduce stigma, and address economic dependence as a root cause of GBV vulnerability. The main themes that emerged regarding stakeholder roles include: Identifying, reporting and resolving GBV cases; Psychosocial support; Capacity building; Intersectorial collaboration.

4.4.1 Identifying, Reporting, and Resolving of GBV Cases

The study found that the response to GBV begins at the community level where health workers, local council leaders, and police collaborate to ensure cases are identified, reported, and referred for appropriate care. The police operate through specialized Family and Child Protection Units (FCPU), whose officers are trained in gender sensitivity, victim-centered interviewing, and the legal frameworks governing GBV. These officers work hand-in-hand with health facilities and NGOs to create a strong referral network. The process in Bukedea typically unfolds in three stages:

1. **Identification of Cases**

Cases are identified both in the community and at health facilities. Health workers play a critical role in detecting GBV during routine treatment.

> "*Cases are identified in two ways. One, when someone comes for treatment at a health facility, as a history is taken. While some may lie, certain signs can indicate otherwise for example, bruises on the shoulders or face. Additionally, cross-checking with the person who accompanies them can provide further insight. There was a very young pregnant girl who came with her mother. Because she was not free to talk in her mother's presence, I had to carefully create a safe space to get the right information*" (KII; District Health Officer, Bukedea).

2. **Reporting of Cases**

Once identified, cases are reported to the police by community members, health workers, or local

leaders. In some cases, survivors themselves approach the FCPU desk at Bukedea Central Police Station or nearby police posts. The close presence of community policing structures helps bridge the gap between survivors and formal reporting channels.

Additionally, the Family and Child Protection Unit (FCPU) at the Bukedea Police Station is charged with investigating and managing GBV cases. While the unit exists and is staffed, participants indicated it faces challenges including limited transport, insufficient forensic tools, and privacy concerns for survivors. The female police officer said:

> "*The FCPU works to support survivors, but lack of resources slows down our response and investigations. ` For example all the cases are being handled within one room where people feel shy to disclose their issues when everyone in the room is hearing." (Female Police Officer, Bukedea Central Police Station)*

3. **Referral to Support Service**

Referrals are a coordinated effort between the police, health workers, and NGOs.

> "*We examine victims using the Police Form 3, and for suspects, we use the Police Form 24A. Health workers participate in HIV testing for both victims and suspects, provide PEP and contraceptives, and in cases of rape involving persons with disabilities, we conduct SWAB examinations before the victim bathes to preserve evidence*" (KII; District Health Officer, Bukedea).

Health facilities maintain a direct referral pathway with the police to ensure victims of GBV bypass long queues and are attended to immediately by trained personnel.

> "*We have an understanding with the police so that when a GBV survivor is brought in, they are taken directly to the expert for examination rather than sitting in the general waiting area. We also carry out GBV sensitization within health facilities so that in case GBV occurs, both the police and health teams can respond quickly*" (In-depth interviews; Counsellor).

In the district, the judiciary and police form the backbone of formal GBV response mechanisms. The police, through their Child and Family Protection Unit (CFPU) and Criminal Investigations Department (CID), are tasked with receiving complaints, documenting cases, collecting and preserving evidence, and recording witness statements. Once investigations are completed, case

files are forwarded to the State Attorney's office in Bukedea District which works so closely with the judiciary and law enforcement agencies for prosecution. Police officers are trained in gender sensitivity and survivor centered case handling, ensuring that interviews, medical referrals, and evidence collection follow proper legal and ethical standards. These processes are critical for initiating legal proceedings and safeguarding the rights of survivors. When it comes to judicial structures, Bukedea District has a functioning Magistrate Court that handles GBV criminal cases such as assault, rape, and domestic violence. More serious or appealed cases can be referred to the High Court in Soroti. Respondents reported the presence of Local Council Courts, but these mainly mediate rather than adjudicate criminal GBV cases. The Chief Magistrate Court official explained:

> "*Our court processes GBV cases, but faces challenges like insufficient evidence because people do not keep their records well like the birth certificate so you find that when there are cases of defilement, the mother says the daughter is 14years old yet when they go into the details the girl is actually above 18years of age hence causing the file to be withdrawn and victim withdrawal often delay justice.*"

The judiciary, including Bukedea Magistrate's Court, plays a key role in adjudicating GBV cases and applying legal remedies provided under Ugandan law. This includes issuing protection orders to prevent perpetrators from contacting or harming survivors, and, where appropriate, facilitating restorative justice processes such as mediation and reconciliation provided that such approaches do not compromise survivor safety or legal rights.

> "*Judges and magistrates help in training on GBV, its effects, and how to handle cases sensitively. Courts can use protection orders to prevent perpetrators from contacting or harming survivors, and they also facilitate restorative justice processes, allowing survivors and perpetrators to engage in mediation and reconciliation*" (KII; Magistrate Court representative).

This structured collaboration between law enforcement and the judiciary is aimed at strengthened the accountability of perpetrators while ensuring that survivors receive both legal protection and fair access to justice. Training judicial actors in gender sensitivity and survivor-centered procedures reflects positive developments in aligning with Uganda's Domestic Violence Act. The availability of protection orders and restorative justice processes in Bukedea courts aligns

with regional legal reforms aimed at balancing accountability and reconciliation (Maputo Protocol, 2003).

At the local Government level, the District Gender Office, headed by the Senior Community Development Officer, coordinates GBV interventions and community sensitization programs. Local Council leaders (LC I to LC V) play advisory roles, primarily in community mobilisation and mediation. However, their legal authority is limited.

Local Council (LC) leaders and cultural elders also play a central role in mediating domestic and community disputes, often preventing GBV cases from escalating to the formal justice system. Among these leaders, 6 out of 18 were women, primarily serving as LC1 and LC3 leaders who actively engage in community dialogue and dispute resolution. Women leaders bring a gender-sensitive perspective, often prioritizing the protection and welfare of survivors, advocating for non-violent solutions, and ensuring that the voices of women and girls are heard in community negotiations. This gender-inclusive approach strengthens community-based dispute resolution by making it more empathetic and responsive to the needs of GBV survivors. These community-based mechanisms are rooted in long-standing traditions of restorative justice, where the emphasis is placed on reconciliation, discipline, and maintaining social harmony. (pachaiyappan, 2020) Participants further noted that village leaders and clan elders are often the first point of contact when GBV-related conflicts arise. Their interventions may include counselling, warning offenders, or enforcing culturally accepted disciplinary measures.

One participant shared an example of this approach:

> "*Community leaders and traditional authorities help to play a role in mediation and conflict resolution. For example, an LC officer shared in a community dialogue that a young boy once reported that his father had beaten him with a slasher as punishment, and he was bleeding heavily. She counseled both the father and the boy, explaining that no matter the wrongdoing, it was unacceptable to use a slasher on a child*" (KII, LC1 leader Emokoli village).

In some areas, such as Kacumbala Sub-County, elders have developed community-specific policies to deter GBV. For example, individuals found guilty of GBV-related offenses whether young or old may face 50 cane strokes on the buttocks as a traditional form of discipline. While

these practices remain controversial, elders believe they act as a deterrent and help maintain order within the community. Additionally, fear of social rejection and retaliation, especially in closely-knit communities across Bukedea Town Council and surrounding villages, discourage many survivors from reporting abuses. A community leader from Magola explained: "*Women fear shame and losing their place in the family or community, so they suffer silently instead of going to the police*."

Bukedea's multi-sectoral identification, reporting, and referral system with trained Family and Child Protection Units working alongside, judicial officials, health workers and NGOs shows an effective victim-centered approach advocated in GBV literature. The detailed description of case detection at health facilities, police and judicial referral pathways aligns with best practices for integrated service delivery found in regional GBV frameworks (Fawole, 2014). Nevertheless, challenges remain, such as limited follow-up in rural areas and barriers to access, reflecting broader implementation gaps noted in East Africa where geographic and socio-cultural factors hinder survivors from seeking formal help Furthermore, the process outlined above tends to cater more to physical or sexual violence which are easier to detect and at times underplays or overlooks other forms of violence that are harder to detect like psychological and economic violence.

The judiciary, including Bukedea Magistrate's Court, plays a key role in adjudicating GBV cases and applying legal remedies provided under Ugandan law. This includes issuing protection orders to prevent perpetrators from contacting or harming survivors, and, where appropriate, facilitating restorative justice processes such as mediation and reconciliation provided that such approaches do not compromise survivor safety or legal rights.

"*Judges and magistrates help in training on GBV, its effects, and how to handle cases sensitively. Courts can use protection orders to prevent perpetrators from contacting or harming survivors, and they also facilitate restorative justice processes, allowing survivors and perpetrators to engage in mediation and reconciliation*" (KII; Magistrate Court representative).

The findings above, also reveal certain challenges with both the formal and informal mechanisms. These include; limited access to justice characterized by lack of knowledge on the part of victims about their rights, deeply ingrained social and cultural norms that perpetuate GBV making it challenging to change attitudes and behaviors, there is also inadequate training of those

charged with providing GBV services including; the police officers, healthcare providers, to enable them effectively respond to the GBV cases. There is also stigma and fear on the part of victims that reporting violence can lead to further violence which often prevents them from seeking help or reporting incidents. This is worsened by the stigma and shame which survivors face from family and community members, after reporting GBV cases making it difficult to seek help.

This finding reflects the reality in many African settings where formal justice systems are inaccessible or distrusted (Heise & Kotsadam, 2015). The use of culturally embedded sanctions, such as corporal punishment, illustrates the complex intersection of custom and law. While restorative justice and mediation can promote reconciliation and reduce caseloads in formal courts, these practices raise critical human rights concerns, particularly with corporal punishment conflicting with Uganda's legal standards and international conventions such as CEDAW (Jayachandran, 2015). This tension highlights the need for harmonizing traditional mechanisms with national laws and rights-based approaches to protect survivors effectively. It also underscores the need to make formal justice mechanisms more easily accessible to communities.

4.4.2 Psychosocial Support

In Bukedea District, psychosocial support for GBV survivors is provided primarily by healthcare workers and NGOs, often as part of an integrated package that combines medical treatment, counselling, and emotional recovery services. The aim is to help survivors cope with trauma, rebuild confidence, and regain a sense of safety. Several CBOs such as MFUMI, Kholir Women Initiative facilitated support groups in villages such as Kakere and Emokori where survivors share experiences and receive counselling to combat stigma and mental health issues related to GBV. These groups also serve as platforms to educate members on legal rights and services. Organizations such as OCONE and ADOL hold regular community meetings and radio talk shows to disseminate information on the Domestic Violence Act, Penal Code, and other relevant laws. These campaigns focus on increasing knowledge of survivor rights and reporting procedures. For example, in Bukedea Town Council and other villages in Kakere, Atiriri, and Momeri, these programs have improved awareness but have faced challenges due to deeply rooted patriarchal norms.

Healthcare providers in facilities such as Bukedea Health Centre IV and sub-county health posts offer one-on-one counselling, guidance sessions, and confidential case handling. This support is

commonly linked to medical services, such as Post-Exposure Prophylaxis (PEP) for sexual violence survivors, emergency treatment for injuries, and screening for sexually transmitted infections.

> "*Healthcare providers provide guidance and counselling for students and other victims experiencing gender-based violence. They offer medical services for example, providing PEP to survivors of sexual harassment and other treatment where needed*" (Probation Officer, Bukedea Town Council).

NGOs, particularly Our Community Needs (OCONE), complement this by providing community-based psychosocial support. They run outreach programs in schools and villages, distribute free sanitary pads to vulnerable girls, and address practical needs that, if unmet, may push young girls into risky situations.

> "*OCONE has been giving free pads to girls and sexuality education, because many end up in risky relationships with boys, sometimes leading to pregnancy, simply because they cannot afford sanitary pads*" (Probation Officer, Bukedea Town Council).

Health facilities, including the district hospital and health centers, provide medical treatment, counselling, and forensic examinations for survivors, using tools such as the Police Medical Examination Form (Form 3). A Village Health Team member from Emokoli A stated:

> "*We are often the first point of contact for survivors, but resource gaps make it hard to offer consistent support*."

The combined efforts of healthcare providers, VHTs and NGOs like OCONE in providing counselling, emotional support, and practical assistance (e.g., free sanitary pads) highlight a holistic response to GBV in Bukedea. This integration of psychosocial support into medical care is consistent with WHO recommendations and international guidelines emphasizing survivor-centered approaches (United Nations, 2015). These reported that the various stakeholders face several challenges including; funding constraints since they rely on external funding, which can be insufficient, limited awareness in the rural areas of kide, koril, there is lack of awareness about mental health issues and the services available leading to the low uptake of psychological

services hence making it difficult for the NGOs to reach those in need.

4.4.3 Capacity Building

The study found that several NGOs are actively engaged in both empowering GBV survivors and addressing the underlying causes of violence. Key organizations identified during the study include: Our Community Needs (OCONE), Action for Development of Local Communities (ADOL), The Children's Hope Chest, Action for Development of Grassroots Communities (ADEGCo) and Uganda Youth Development and Training Program. These NGOs implement targeted programs aimed at restoring the dignity, health, and livelihoods of GBV survivors. They provide financial assistance to facilitate access to medical services such as antenatal care, PEP, and ongoing treatment for survivors of sexual violence. In cases where survivors face economic hardship, NGOs step in to meet essential needs, including food, clothing, and safe shelter. One respondent illustrated the tangible impact of NGO interventions:

> "*NGOs provide financial support. For example, when there is a case of defilement and the victim needs help, the NGOs can be contacted to provide financial assistance and support the victim's recovery. For example, there was a gentleman at Bukedea District Hospital who said there are many HIV victims who fear to appear to pick their ARVs, and they instead call him to take the medicine to their homes. Others tell him to find them at the hospital gate and these are especially the big officials*" (In-depth Interview; Senior Community Development Officer).

In Bukedea District, capacity building is a core strategy used by NGOs to strengthen the effectiveness of GBV prevention and response systems. Regular training programs are provided for frontline responders, including police officers, teachers, healthcare providers, counsellors, and community leaders. These sessions are designed to improve participants' skills in early identification of GBV cases, survivor-centered handling, referrals, and community-level prevention. Organizations such as Uganda Women's Network (UWONET), Action Aid Uganda, and Raising Voices conduct targeted workshops tailored to the needs of different stakeholders. For example, Action Aid Uganda runs comprehensive programs for police, health workers, teachers, and counsellors, equipping them with practical tools to manage cases sensitively and in accordance with GBV laws and policies. UWONET focuses on empowering educators and local leaders to integrate GBV prevention into schools and community structures, while Raising

Voices emphasizes the creation of safe spaces and effective response strategies.

> *"We are charged with the responsibility of implementing, disseminating and enforcing but if you look at the sector of women and gender, it's a sector of its own but the least funded for example Bukedea takes the 5% of the sector conditional grant which is 2.5 yearly. So implementing those various aspects that are associated with the policies becomes a little bit challenging. Financial constraints have also affected the implementation of the GBV laws and policies, yet there is a need for to interpret all those laws to the local people so that they understand the local content but there is no enough facilitation to move to the community field which is 16 sub counties, 152 parishes, 336 villages, but with such a limitation they just end up being interpreted only in towns. To add on people in Bukedea are financially poor, the victims can't afford transport to keep reporting to police as some cases may take some time to get evidence and get resolved since it needs a lot of evidence sometimes if it's a defilement case the parents will tell you that the documents such as the birth certificate got lost or got burnt so all this prolongs the process of resolving the case as the victims spend on transportation which is a very hard thing" (*KI, District Community Deployment Officer**)***

ADEGCo's livelihood initiatives in Kolir and Emokori involve training women survivors in skills such as tailoring, farming, and small-scale trade. By providing access to microfinance, ADEGCo helps reduce economic dependence on abusive partners, which is a major factor contributing to GBV in these communities. Uganda Youth Development and Training Program organises workshops and school clubs that teach gender equality, respectful relationships, and conflict resolution to youth in Bukedea. These programs are critical in areas like Bukedea Town Council and Kide Central where early exposure to such education can prevent the cycle of violence.

> *We always struggle to engage communities effectively particularly in the hard to reach areas yet we know that it is a crucial thing to involve the local stake holders such as the Village Health Teams, local leaders in problem identification and solving. Many of the survivors here in Bukedea where we can't reach face challenges in accessing essential services like health, psychological support, justice and safety due to gaps in the existing referral systems, poor case tracking and weak coordination. (KI, Our Community Needs*

OCONE Representative)

Recognizing that alcohol and drug abuse are significant drivers of GBV in Bukedea, NGOs have rolled out sensitization campaigns and rehabilitation linkages to address substance abuse among community members. These efforts are often coordinated with health facilities, local leaders, and community-based groups. Through a combination of direct survivor support, capacity building, and community-level prevention efforts, these NGOs are not only addressing GBV incidents but also contributing to long-term resilience and social change within Bukedea. NGOs in Bukedea, such as OCONE, ADOL, and ADEGCo, are pivotal in empowering GBV survivors through financial support, healthcare facilitation, and skills training.

From a Liberal Feminist Theory perspective, these interventions advance gender equality by enabling survivors especially women and girls to exercise autonomy, access essential services, and challenge structural inequalities that perpetuate violence. This approach supports broader literature stressing that economic empowerment and addressing root causes such as substance abuse are effective in reducing GBV vulnerability and recurrence (Maputo Protocol, 2003). The integration of livelihood training and health service access corresponds with regional best practices that promote survivor autonomy and social reintegration Notably, the study's identification of hidden barriers such as HIV-positive survivors' fear of public ARV collection highlights the importance of confidentiality and tailored outreach to vulnerable groups, a nuance sometimes overlooked in national policy frame works.

4.4.4 Inter-sectorial Collaboration

It was found that effective response to GBV in Bukedea District depends heavily on strong collaboration across multiple sectors. Participants emphasized that health workers, community leaders, police officers, social development officers, and other stakeholders coordinate their efforts to ensure a holistic and survivor-centered approach. For example, health workers play a crucial role by providing medical examinations and testimonies in court, which strengthen the evidence needed for prosecution and legal redress. Without this cooperation, many cases would lack the necessary proof to move forward in the judicial system. Community leaders, including Local Council officials and cultural elders, work closely with Community Development Officers (CDOs) to identify perpetrators, facilitate case reporting, and embed GBV prevention strategies within local governance frameworks. This collaboration ensures that GBV is treated as a

community-wide concern rather than an isolated incident.

> "*The police conduct investigations into GBV cases by gathering evidence, interviewing victims and suspects, and working closely with health workers and community leaders to ensure justice is served*." (KII; Criminal Investigations Directorate).

The Uganda Ministry of Health, in collaboration with the Ministry of Education, has supported schools by promoting the use of national resources such as the Uganda National Health Help Line for advice, counselling, and referrals in GBV-related cases.

> "*In schools, topics on GBV are taught, and students from different schools in Bukedea District perform skits about gender-based violence and its consequences. The Uganda Ministry of Health through education has also provided national hotlines such as the Uganda National Health Help Line for advice and referrals. Senior Women Teachers have also played a big role in sensitizing the children about GBV. This initiative has helped the students to understand that GBV is harmful and unacceptable*" (KII; District Health Officer).

By embedding GBV education within school programs, Bukedea's education sector not only reaches young people directly but also indirectly influences families and communities through the knowledge and attitudes students take home. These initiatives empower students particularly girls by providing knowledge of their rights, challenging patriarchal norms, and promoting gender equality from an early age. The role of schools in Bukedea as platforms for GBV education through curriculum integration and extracurricular activities aligns with findings in other East African contexts where educational institutions serve as key venues for early prevention (United Nations, 2015). The formation of GBV clubs and the use of skits and dramas reinforce knowledge among young people and help foster community-wide attitude changes through student families. Support from the Ministry of Health and Education, including national hotlines, reflects a coordinated policy approach consistent with Uganda's commitment to the Sustainable Development Goals (SDGs), particularly Goal 5 on gender equality. However, as elaborated upon later on, ensuring that such programs are adequately resourced and widely inclusive, remains a challenge across many rural areas, including Bukedea, where infrastructure and staffing constraints may limit reach.

ADOL and The Children's Hope Chest run legal aid clinics where survivors receive advice, assistance in filing police reports, and court accompaniment. They also provide psychosocial counselling to help survivors deal with trauma. Their presence in key trading centers such as Omoneik has improved survivor confidence in seeking justice. The study revealed that community sensitization in Bukedea District is driven by a diverse network of stakeholders, including religious leaders, the District Health Team, members of the judiciary, Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs), political leaders, magistrate courts, and Local Council (LC) leaders. Of these 14 stakeholders were women, playing crucial roles in community sensitization, counselling, psychosocial support, legal awareness, advocacy, and capacity building.

These actors play a central role in raising public awareness about GBV-related laws and policies, the rights of survivors, and the services available to them. Participants noted that radio talk shows such as Mama Bukedea, church congregation meetings in different Bukedea churches like Bukedea Church of Uganda, and community Dialogue meetings for example the bride and groom counselling towards wedding and outreach programs were used to sensitize the communities, targeting all ages and genders.

> "*We conduct community sensitization and engage cultural and community leaders to ensure that GBV is identified within the community. We also review records to determine which communities are most affected. Once identified, we sensitize these communities about domestic violence, its risks, and encourage affected persons to report to us and the police*" (KII, Senior Labour Office).

> "*In addition, the Women Initiative raises community awareness by providing guidance on the implementation of GBV laws and policies within Bukedea District*" (In-depth interview; LC1 Leader).

These targeted awareness efforts not only promote understanding of GBV laws but also encourage survivors and witnesses to take action, thereby improving case reporting rates and community cooperation with enforcement agencies. These findings echo global evidence showing that multi-stakeholder community sensitization is essential to transforming social norms and increasing awareness of GBV legislation (Onyemelukwe, 2018). These multi-sectorial efforts empower women and girls by ensuring that legal, health, and social support mechanisms

work together to uphold their rights and provide equitable access to justice and protection. The use of localized media and religious forums aligns with recommendations in the literature that community-based platforms enhance reach and trust (Heise & Kotsadam, 2015). However, sustained engagement and targeting specific high-risk communities as practiced in Bukedea through record reviews are critical to ensuring that sensitization efforts lead to increased reporting and prevention, addressing challenges noted in Sub-Saharan contexts with pervasive underreporting (Fawole, 2014).

4.5 Impact of implementing GBV laws

This section presents and discusses the impacts of implementing Gender-Based Violence (GBV) laws and policies in Bukedea District as perceived by various stakeholders. The analysis is organized around key themes that emerged from the data, reflecting both positive outcomes and the unintended outcomes. These themes include women's empowerment and increased respect, higher reporting rates coupled with improved responsiveness from institutions, and strengthened community engagement and awareness through sensitization efforts. The impact of implementing GBV laws, policies and programmes in Bukedea has had both positive and some unintended impact. As discussed below, these are not neatly separated into either positive or negative as a positive outcome can have certain negative or unintended consequences. For instance, increased reporting of GBV cases is an inherently positive outcome but can have some unintended consequences like tension at home which may actually further endanger the lives of the GBV victims.

4.5.1 Increased Reporting and Responsiveness

> Participants mentioned an increase in the number of GBV cases being reported, especially among men and youth. The existence of laws has fostered a sense of safety and legitimacy around reporting such cases. Officer in Charge Bukedea Police

> *"Over 171 cases were recorded at Bukedea Central Police Station from the month of March 2022 up to December 2023, the majority of the cases involved girls of 12-18years of age and (67) of them were pregnant at the time of reporting, only (8) survivors received PEP for HIV, (37) of the survivors reported being physical forced into sex while (27) reported being pressured into sex through harassment and threats. (40) of the*

perpetrators were friends and (23) were neighbors. In 2024, January to September, (77) cases which included (26) sex defilement related, (03) child labor cases, (24) domestic violence cases and (24) assault cases were recorded" (KI, Officer in Charge Bukedea Police).

The introduction of hotlines has further supported these reporting efforts. However, deeply rooted cultural beliefs remain a barrier. For example, the notion that "*when you beat your wife it means that you love her*" persists in the community. (FGD 2 participant, Kide East village)

Participants mentioned an increase in respect for women and greater recognition of their dignity in society and families. The implementation of GBV laws has empowered women to speak out against abuse, shifting traditional norms that once silenced them. One participant stated,

In Bukedea, offenders caught committing domestic violence are punished with 50 strokes, a penalty that has been met with dissatisfaction by many. Moreover, stigma associated with men reporting GBV against them, perceived as a sign of weakness, negatively affects reporting rates. Such cultural beliefs hinder the effective implementation of GBV laws and policies within Bukedea.

A GBV survivor from Kakere village shared her experience: "*When my husband beat me, I reported to the LC, but the punishment seemed too light, and I felt the community did not take my complaint seriously. I was afraid to go to the police because people would gossip about me*." This account highlights the limitations of local enforcement and the social pressures that discourage survivors from seeking formal justice.

Participants' reports of rising GBV case reporting, especially among men and youth, reflect a growing sense of legitimacy and safety fostered by the laws. Johnson and Smith (2018) found similar outcomes in South Africa, where domestic violence legislative reforms correlated with increased reporting and prosecution rates, contributing to reductions in abuse. The introduction of hotlines and specialized units in Bukedea mirrors strategies successfully deployed internationally (Government of Canada, 2019; Kamau, 2017). However, deeply ingrained cultural beliefs in Bukedea such as equating wife-beating with love and stigma toward male survivors impede full utilization of these laws. This is consistent with findings from East African studies where patriarchal norms and gender stereotypes remain significant barriers to GBV law

enforcement and survivor support (Namy et al., 2017; Heise & Kotsadam, 2015). The punitive measure of corporal punishment (50 strokes) also illustrates local community justice mechanisms intersecting with formal law, which may evoke mixed reactions and challenges in acceptability.

Conversely, the study also found that the implementation of GBV laws and policies in Bukedea district, while beneficial in some respects, has had several unintended negative effects. Participants reported that stricter enforcement sometimes led to family strain, as men and women navigated shifting power dynamics within households. One female GBV survivor Khoril noted:

> "*After my husband was sanctioned for domestic violence, our relationship became tense. He resents going to the LC and police, and this has created arguments and stress in the home*."

This shows that legal interventions, while protective, can generate interpersonal friction if not accompanied by counseling or mediation. Some participants highlighted a perceived gender imbalance, where men felt marginalized or unfairly treated by GBV enforcement mechanisms. A male community member, Atiriri stated,

> "*It feels like the law only protects women. Men are afraid to report abuse because they might be laughed at or punished more severely*."

This perception can discourage reporting, reinforce stigma, and hinder community trust in GBV policies. Legal and structural gaps were also reported. Participants noted delays in judicial processes, understaffed police units, and limited access to legal aid, particularly in rural villages like Kakere and Emokori. (KII, Gender Officer)

> "*Even when survivors report cases, it can take months before any court hearing. Some give up before justice is served*."

Psychological stress and fear appeared as a negative consequence for both survivors and implementers. This stresses that legal empowerment must be complemented by survivor-centered support mechanisms to ensure women and girls can exercise their rights safely and effectively. Survivors feared retaliation, community ostracism, or gossip, while officials and LC leaders sometimes faced pressure from local communities to handle cases quietly. A female LC1 leader from Atiriri shared:

"*Sometimes I feel torn between following the law and keeping peace in the village. People get angry if I take strict action, and it's stressful to the people*."

Participants further highlighted that the legal processes surrounding GBV cases can unintentionally increase psychological distress among survivors. Fear of false accusations, the emotional burden of testifying against family members, and the threat of retaliation create significant barriers to seeking justice. This fear often results in underreporting and silencing of victims despite the presence of laws. This is consistent with broader research showing that survivors face complex emotional barriers within judicial systems (Ellsberg & Heise, 2005). One key informant from the Criminal Investigations Directorate noted the growing anxiety among community members:

"*Psychological virus has increased... people fear to testify*." (KI, Religious leader Bukedea catholic parish church) Additionally, specific testimonies reveal the real-life consequences of reporting abuse. A Local Council 1 leader recounted a case where a woman endured physical violence after attempting to fulfill a cultural obligation:

> "*One woman shared that after losing a relative, she planned to attend the burial in her home village. Her husband disapproved, but she went anyway. While preparing to leave, the drunk husband violently beat her. She fled to Bukedea Police Offices, but while there, she received intimidating calls from her husband's relatives threatening her that if they imprisoned him, she should never return to their family. Fearful of further harm and intimidated by the lack of police protection, she chose not to pursue legal action, instead seeking medical treatment and returning home*." (IDI; Local Council 1 leader Emokoli village)

Reported reductions in physical and emotional violence and increased girls' school enrollment in Bukedea echo findings from Kenya and South Africa where GBV laws contributed to protective environments and improved family dynamics (Kamau, 2017; Johnson & Smith, 2018).

4.5.2 Strengthened Community Engagement

The study further revealed that the implementation of GBV laws and policies in Bukedea has

significantly strengthened community ownership and vigilance in preventing gender-based violence. Community members are increasingly proactive in whistleblowing, monitoring, and supporting victims. As one participant noted,

> "*Community ownership (has improved), that's why there are many whistleblowers*." (KII; Labour Officer).

The enhanced community ownership in GBV prevention in Bukedea aligns with Tanzanian experiences where legal frameworks have fostered grassroots awareness and proactive community involvement (Government of Tanzania, 1998). The rise in whistleblowing and victim support reflects an important shift toward collective responsibility, a critical factor in effective GBV interventions globally (Heise, 2011). This theme emphasizes how embedding GBV laws within local social fabric supports sustainability and responsiveness beyond formal institutions.

4.5.3 Institutional Strengthening

The implementation of GBV-related legislation such as the Domestic Violence Act (2010), the Prevention of Trafficking in Persons Act (2009), and the Children's Act (amended 2016) has significantly improved coordination among key local institutions including the police, judiciary, and healthcare providers. Specialized units like the Child and Family Protection Unit (CFPU) have been established to enhance focused responses to GBV cases. This institutional framework has contributed to more timely responses and increased accountability.

The establishment of specialized units like the Child and Family Protection Unit and improved coordination among police, judiciary, and health providers in Bukedea reflects an institutional maturation that has been noted elsewhere in East Africa. The Domestic Violence Act (2010) in Uganda, for instance, fostered similar institutional responses to improve case management and survivor support (Government of Uganda, 2010).

However, some people in Bukedea perceive laws as political tools created by people and, therefore, subject to being broken, particularly by those who are less educated or consume alcohol. This perception undermines the laws' effectiveness and has contributed to ongoing struggles among women, who face difficulties raising their children often leading to child neglect and domestic violence.

> "*As people in Bukedea believe that laws are made by people and so they are*

> *broken by people and they are political, more so the ones that drink and the less educated, and therefore they can always be broken at any time by any person. This has left most of the women in Bukedea struggling to raise up their children hence causing child neglect and Domestic Violence*." (KII; Spousal Assault and Child Family Protection Unit)

The local perceptions of laws as political and easily broken by certain segments reveal ongoing challenges in institutional legitimacy and enforcement, an issue also documented in low-resource contexts where governance deficits undermine legal efficacy (Gready & Robins, 2014)

Furthermore, some participants noted unintended consequences such as family breakups, often due to misinterpretation or misuse of the laws. There were concerns about the emotional impact on men, who felt disempowered or unfairly treated.

> "*Increase the family breakages because of misinterpretation…affected the children more*." (GBV survivor, Kide village, FGD)

The theme of family breakdowns and men feeling disempowered echoes findings in the literature where men sometimes perceive GBV legislation as biased against them, potentially leading to disengagement or backlash (Jewkes et al., 2015).

There was a recurring sentiment that the laws such as Domestic Violence Act (2010), the prevention of Trafficking in Persons Act 2009, the Children's Act as amended in 2016, disproportionately favor women and girls. This led to perceptions of bias, resentment and disengagement from the men and boys. One participant highlighted, "*Girls have been favored more than boys*." (KII; Senior Community development officer). While another noted "*Most GBV issues have heavily focused on girls and women, there is also an imbalance in handing the victims, where women are often taken more seriously in comparison to me*." (KII; Probation officer)

The perception that laws favor women over men, causing resentment, reflects a common critique in GBV discourse globally (Flood, 2011). Legal frameworks often prioritize protection for women and girls given their disproportionate victimization, but failure to acknowledge male survivors or balance gender narratives may weaken broad-based support.

Participants highlighted legal limitations, such as the absence of laws protecting men from sexual

violence, and challenges in enforcement due to lack of resources. One participant noted, "*There are no laws against a woman raping a man.*" (Spousal assault and child family protection unit – Key informant). One Community Development Officer further explained,

> "*If you look at the gender policies, most of them favor women and how they have interpreted them is not how it was intended, a number of women has become so unruly all in the name of these protective laws, and they have the laws and guidelines that support them. If you visit the community areas such as Kacumbara a number of women have abandoned their families and they have moved on in the name of empowerment and emancipation which has led to increased Domestic Violence. Many children have been left unattended to hence causing Domestic Violence*." (KII: Community Development Officer).

The response of the Community Development Officer reveals complex social dynamics where empowerment efforts intersect with family disruption and misinterpretations of gender policies. It also highlights the backlash that may arise from women's empowerment, as a result of the disruption of the gender roles and relations.

Therefore, the study revealed that GBV laws and policies have contributed to increased respect and recognition of women's dignity in Bukedea, empowering them to speak out against abuse and challenge traditional norms of silence. This finding aligns with Chopra and Bhatia (2016) who observed in India that legislative initiatives, such as the Protection of Women from Domestic Violence Act, empowered women to seek legal redress and heightened societal awareness of women's rights. Similarly, studies from Uganda emphasize that domestic violence legislation can shift social attitudes, enhancing women's agency (Government of Uganda, 2010).

4.6 Challenges affecting the effective implementation of GBV laws and policies in Bukedea district

Following from the discussion above on the impact of implemented GBV laws, policies and programmes, this objective explored the challenges that are affecting the effective implementation of these GBV laws and policies in Bukedea District. The findings are presented under three main themes including weak legal/judicial enforcement mechanisms, coordination and collaboration challenges, and pervasive cultural and social norms barriers.

4.6.1 Weak Legal/Judicial Enforcement Mechanisms

Among the critical challenges raised by participants, in line with weak legal enforcement mechanisms is the one on non-existent bye-laws and ordinances specifically tailored to Bukedea district which compounds the challenge of the removed nature of the law from the daily lived lives of the Bukedea communities. Bukedea lacks specific local bye-laws that address GBV, leading to overreliance on national laws that may not always resonate at the community level. This gap was noted as a barrier to effective local enforcement by LC leaders and NGO staff. Districts like Tororo have enacted a Child Protection Ordinance, which criminalizes child marriages and denies offenders access to education. Districts such as Kyegegwa and Kasese have developed issue papers for GBV ordinances that have been approved by district planning and technical teams (UNFPA, 2021) it was further noted, that delays in the case resolution process, weak enforcement mechanisms affect effective implementation of GBV laws and policies. Prolonged legal proceedings were mentioned by the participants as a major deterrent for victims. One participant noted:

> *"Some cases take years to process. For example, a defilement case may remain unresolved for two years, causing victims and witnesses to lose hope"* (KII, Criminal Investigations Department)

Participants also pointed out that stigmatization and displacement of survivors complicates follow-up and court appearances. Community members, especially family members, often pressure survivors to drop the cases.

> *"In some instances, victims are stigmatized or sent away from home, making it difficult to trace them for court appearances and follow-up."* (KII, Probation Officer)

> *I was beaten and told to withdraw the case from the police. One (family member) said that within three days, they would want to see their brother back home. I sold all the goods at home, and then went and got the man out of prison.* (GBV survivor - FGD)

Some participants revealed that corruption within law enforcement agencies hinders access to justice for GBV victims. Survivors reported that police officers often demand bribes before taking any action on reported cases, which discourages many from pursuing justice. One

survivor recounted:

> "*When I went to report my husband, the officer said I needed to pay a „processing fee' before he could take any action. I felt helpless and almost gave up*." (GBV survivor – IDI participant)

Another survivor described a different experience:

> "*My neighbor's son was abusing her, but the police told her to settle the matter at home or pay a bribe. She felt she had no choice but to remain silent*." (GBV survivor – IDI participant)

Participants also noted that many perpetrators avoid prosecution due to the failure to complete legal procedures or lack of follow-through by authorities that the police demand money from the GBV victims in order to pursue justice and sometime fail to act due to personal ties or discriminatory attitudes. One GBV victims said:

> "*Police officers ask for money to go after the perpetrators, but sometimes they turn a blind eye because they are related to them, or because of discrimination*." (GBV survivor, Kacumbala village FGD)

Protracted case processing times and weak enforcement mechanisms align with international concerns about justice system inefficiencies affecting GBV survivors (Hathaway & Shapiro, 2011; OECD, 2021). Some participants mentioned that favoritism and impunity for powerful individuals often undermines legal processes. This is especially evident when offenders have political or social connections, which protects them from prosecution. One participant explained:

> *"There is a lot of favoritism whereby if the person who has committed the crime is friendly with the police or the LC, they will cover up the crime. If the person is of high profile, for example, an RDC, doctor, or someone from a big office, they may decide that the assaulted person should just be taken to the hospital instead of pursuing the matter further through the police."* (GBV survivor, Atirir village FGD)

4.6.2 Resource Limitations

Participants further mentioned the absence of key personnel such as Gender Officers at the district level, which weakens coordination and oversight. One participant said:

> *"Bukedea District lacks a Gender Officer, which means there is no one specifically responsible for overseeing and coordinating GBV interventions*." (Key informant, Community Development Officer)

Participants also cited poor physical infrastructure such as the lack of private spaces at police stations which compromises confidentiality. The use of shared spaces to handle gender-related cases was perceived as a major deterrent to survivors reporting their experiences.

> *"At the police posts where GBV cases are handled, there is no dedicated reception area, and the available office space is shared, which compromises confidentiality.*" (Key informant, Child and family Protection Unit)

More importantly, the challenge of resource limitations, particularly financial, human, and infrastructural resources, was raised as being critical to the enforcement of GBV laws and policies as it poses significant barriers to effective GBV prevention and response.

Participants highlighted how financial hardship affects access to essential services for GBV survivors. Many victims are unable to afford transportation to attend court sessions, especially when cases are handled far from their communities:

> *"As department of the community, we are charged with the responsibility of implementing, disseminating and enforcing but if you look at the sector of women and gender, it's a sector of its own but the least funded for example Bukedea takes the 5% of the sector conditional grant which is 2.5 yearly. So implementing those various aspects that are associated with the policies becomes a little bit challenging. Financial constraints have also affected the implementation of the GBV laws and policies, yet there is a need for to interpret all those laws to the local people so that they understand the local content but there is no enough facilitation to move to the community field which is 16 sub counties, 152 parishes, 336 villages, but with such a limitation they just end up being interpreted only in*

towns. To add on people in Bukedea are financially poor, the victims can't afford transport to keep reporting to police as some cases may take some time to get evidence and get resolved since it needs a lot of evidence sometimes if it's a defilement case the parents will tell you that the documents such as the birth certificate got lost or got burnt so all this prolongs the process of resolving the case as the victims spend on transportation which is a very hard thing" (KI, Family and Child Protection Unit)

Additionally, participants reported that the police face logistical limitations in reaching remote areas due to the lack of transportation. In some cases, GBV victims are asked to cover transport costs, which can be prohibitively expensive and may lead them to withdraw their cases One Key Informant had this to say;

"There is a lack of transport means, such as motorcycles and vehicles, especially in hard-to-reach areas when the means are available the police tells us to put fuel in the cars and motorbikes. Anyway we know that they just keep that money, which often allows perpetrators to escape Transport costs are too high because in Bukedea, when you want the police to handle your case quickly, they will tell you they have no fuel and will ask you to fuel their transport, whether the motorcycle or their car, which is very expensive. So sometimes you end up withdrawing the case." (GBV survivor, Omoneik village- FGD)

Inadequate financial allocation for gender programming was also highlighted as a barrier to implementation of GBV laws and policies in Bukedea district:

"There is no dedicated budget for gender mainstreaming, making it difficult to plan and implement GBV-related activities. The limited funding available is often insufficient to support the necessary programs, staffing, or logistics required to effectively respond to GBV." (KI, Senior Labor Officer).

The findings highlighted above on stigmatization, resource gaps, intimidation, and corruption within Bukedea's law enforcement and limited contextualized bye laws, further illustrate how procedural delays are compounded by social pressures and impunity for powerful offenders, revealing a complex interplay of legal and social barriers to justice in this context. The real-life

accounts of survivors withdrawing cases due to family pressure and police bribery deepen understanding of how systemic weaknesses manifest on the ground to hinder the effective handling and executive of GBV cases.

4.6.3 Coordination and Collaboration Challenges

The study further revealed that poor coordination or collaboration among key stakeholders is another challenge that weakens the collective response to GBV in Bukedea district. Although multiple actors are involved in GBV prevention and response in Bukedea district, weak coordination among NGOs, local government, police, and health facilities limits the efficiency and reach of services. Resource constraints such as transport shortages for police and limited forensic equipment further hamper case management.

A probation officer emphasized:
"*Many cases never reach formal courts because families want to handle issues quietly. This delays justice and often allows offenders to go unpunished*."(KI, Police Officer family protection unit)

Some participants noted that minimal engagement from political and local leaders undermines program implementation and enforcement of GBV laws:

> *"Collaboration with political leaders is very limited. In some cases, political leaders are completely absent from GBV initiatives, which weakens the overall response and support for enforcement of laws and policies at the community level. For example when Anita Among, the speaker of parliament, built a medical school us as the people of Bukedea thought it was going to be for the government but that wasn't the case*" (KII, District Health Officer)

Participants also reported that lack of clarity or consensus on stakeholder roles leads to fragmented interventions and weak implementation structures. Weak collaboration among stakeholders and limited engagement from political and local leaders, as observed in Bukedea district, are consistent with previous findings showing that fragmented efforts dilute the impact of GBV interventions (Hallward-Driemeier & Hasan, 2012). This study highlights the detrimental effect of unclear role definitions and political disengagement on program enforcement, providing important empirical data on the political economy of GBV

implementation in rural Uganda, which remains underexplored in current literature.

4.6.4 Pervasive Cultural and Social Norms Barriers

The study further found cultural and social norm barriers to effective implementation of GBV laws and policies included early marriage, cultural norms normalizing GBV, and family and community pressure.

> "*Most of our cultural beliefs and practices don't embrace what gender empowerment stands for, our cultural leaders still believe that a woman is that inferior person who should not complain whether hurt or not, since a man is superior. So now we try to bring out the aspect of women emancipation, affirmative action and gender balance. The cultural leaders in Bukedea blame the government for bringing up the laws and policies that are in support of women and to them, women have become big headed, unruly, and violent and calling for government intervention."* (KI, District Community Development Officer)

Another participant had this to say,

> *"The negative interpretation of the Gender laws and policies to our cultural leaders, so the use of the cultural leaders to implement, enforce, is quite challenging because the cultural leadership is not embracing it. When you go to the community to talk about GBV, the cultural leaders will be the ones to stand up first and oppose you hence giving us a kind of difficult situation so people here still believe in culture most Bukedea community also believes that women are not supposed to inherit property and if you insist that woman inherits property it leads to violence in family for example most men in Bukedea marry more than one woman and in the process you find out that the elder woman is denied access to resources and the new one takes charge. Culturally they think girls are not supposed to inherit their parents' property yet the law says that every child has to share their parents' property".* (KI, Senior Labour Officer)

The study further revealed that patriarchal norms contribute to the acceptance of violence within households. Beliefs around male authority and bride price were especially influential.

> *"The belief that men have authority over women, and that paying bride price gives a man control over his wife can lead to the normalization of violence and discourage reporting."* (Key informant, SFPU) "…*marital rape is not recognized culturally, and women are often discouraged from reporting it, especially when the perpetrator is their husband."* (KII, CID)

Participants also noted that fear of enmity and rejection from family members and the wider community discourages victims and their families from pursuing legal redress.

> "*I was threatened by his people [husband's family]. They told me if I went to the police and their son was arrested, they would end my life."* We also believe in togetherness so *taking someone to court creates enmity between the families*." (GBV survivor, Kide village)

The entrenched patriarchal beliefs and cultural practices resisting GBV laws, such as the denial of women's inheritance rights and normalization of male authority and violence, aligns with well-documented barriers in African and global contexts (Jewkes et al., 2015; Morrison et al., 2007). From a Liberal Feminist Theory perspective, these cultural norms constrain women's ability to exercise their legal rights and undermine empowerment efforts, highlighting the gap between formal legal frameworks and actual gender equality in practice. This study contributes valuable localized detail on how cultural leaders in Bukedea district actively oppose gender empowerment initiatives, framing them as "unruly" behavior, which not only stalls law enforcement but also perpetuates harmful norms. This highlights the critical need for culturally sensitive engagement strategies personalized to local power structures, a gap identified in this study but rarely detailed in most GBV studies.

The challenges presented above demonstrate how several factors acting together, impede the implementation of GBV Laws, policies and programmes. The lack of coordination among key stakeholders, coupled with resource and other limitations get in the way of realizing transformative justice for GBV victims. Additionally, pervasive gender and cultural norms get in the way of implementing GBV programs as people at the helm of these institutions promote patriarchal norms that perpetuate the notion that women are subordinate to men, thereby almost condoning GBV. Without their buy-in, implementation of GBV programmes becomes

challenging. Last but not least are the weak legal enforcement mechanisms characterized by corruption, infrastructural deficits, ignorance of GBV laws, all of which compound to hinder the effective implementation of GBV laws, policies and programmes.

CHAPTER FIVE:

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a concise summary of the key findings from the study on the implementation of Gender-Based Violence (GBV) laws and policies in Bukedea District. It synthesizes the main insights drawn from the data, highlighting the successes, challenges, and strategies identified by stakeholders. Based on the findings, the chapter offers conclusions that reflect the overall implications for GBV prevention and response in the district. Practical recommendations are provided to inform policymakers, practitioners, and community actors in enhancing the effectiveness of GBV interventions in Bukedea and similar contexts based on the findings of the study.

5.2 Summary of Findings

5.2.1 GBV Laws and Policies in Bukedea District

The study established that the implementation of Gender-Based Violence (GBV) laws and policies in Bukedea District is primarily guided by national legislation, including the Constitution of Uganda (1995), The Domestic Violence Act (2010), The Penal Code Act, the Children Act, and the National Gender Policy, The Prevention of Trafficking in Persons Act (2009), National Policy on Elimination of GBV (2016). However, no constituted specific local bye-laws or ordinances, addressing GBV were found, resulting in heavy reliance on national laws that are not always well understood or effectively enforced at the community level.

The study reveals a complex interplay between national legal frameworks and local realities. While Bukedea operates under the same national legislation that governs GBV prevention and response across Uganda, several distinctive factors characterize its implementation challenges and successes. Uniquely, Bukedea district lacks local bye-laws specifically addressing GBV, which increases reliance on national laws that are often poorly understood and inadequately enforced at the grassroots. This gap reflects structural barriers that limit women's and girls' access to justice and their ability to exercise equal rights within their communities.

In order to implement the GBV laws and policies mentioned above, multiple actors work together including; local government offices, the Judiciary, Police- Family and Child Protection

Unit, health facilities, and civil society organizations. However, several operational challenges were highlighted that hinder the effective implementation of these laws and policies in Bukedea district. These include; limited resources, weak coordination, corruption and misuse of resources, low community awareness, and infrastructural gaps. For example, the Family and Child Protection Unit is constrained by inadequate transport and forensic equipment, while Local Council leaders have limited legal authority, mostly focusing on mediation. Critical issues such as underreporting on the part of GBV victims, due to fear of social rejection.

5.2.2 Roles of stakeholders in implementing the Gender Based Violence laws and policies in Bukedea District

The study further identified the diverse and critical roles played by multiple stakeholders in implementing Gender-Based Violence (GBV) laws and policies in Bukedea District. These roles span community sensitization, education, empowerment, dispute resolution, case management, psychosocial support, judicial processes, capacity building, and intersectoral collaboration.

Effective GBV response in Bukedea relies on strong coordination among health, police, community leaders, and social development officers, reflecting Uganda's commitment to integrated and holistic service delivery despite challenges posed by limited resources and communication gaps. A coordinated system involving health workers, police Family and Child Protection Units, and NGOs ensures timely detection, reporting, and referral of GBV cases, reflecting a victim-centered and multi-sectoral response. The police and magistrate courts handle GBV cases with gender-sensitive and survivor-centered approaches, including protection orders and restorative justice where appropriate, strengthening legal accountability and survivor protection. However, rural access and follow-up remain challenging. Healthcare providers and NGOs jointly offer counseling, trauma recovery, and practical assistance such as sanitary pads to survivors, following international survivor-centered care guidelines.

Other vital stake holders include; NGOs, religious leaders, schools, local councils, and political leaders these actively conduct sensitization through radio programs, church meetings, and community dialogues. These efforts raise awareness of GBV laws and survivor rights. NGOs such as OCONE, ADOL, and ADEGCo provide survivor support, economic empowerment, and address underlying drivers like substance abuse. These efforts are particularly crucial in rural and marginalized villages where patriarchal norms, social stigma, and poverty exacerbate GBV

vulnerabilities. The approaches also align with regional best practices that promote survivor autonomy and address root causes of GBV.

Targeted training by NGOs enhances the skills of frontline responders across sectors, improving early identification, survivor support, and community prevention efforts. Schools also serve as vital platforms for prevention through integrated curricula, GBV clubs, and creative activities like skits and dramas. Supported by national ministries, these programs target young people to foster early attitude change. In addition, local councils and cultural elders mediate many GBV cases using traditional restorative justice methods, including corporal punishment. While these culturally embedded practices aid social harmony, they raise concerns regarding alignment with national laws and human rights standards.

5.2.3 Opportunities presented by the GBV laws

The finding revealed that the implementation of Gender-Based Violence (GBV) laws and policies in Bukedea District has yielded notable positive impacts, alongside ongoing challenges, as perceived by participants. These included; increased women's empowerment, higher reporting rates (including from men and youth), strengthened community vigilance, and improved coordination through specialized units like the Family and Child Protection Unit. The remarkable rise in girls' school enrollment and reductions in domestic violence suggest that even in resource-poor, culturally conservative settings like Bukedea, legal frameworks coupled with community engagement can catalyze meaningful social change. However, persistent challenges remain in judicial delays, corruption, and fragmented stakeholder coordination, additionally complicated by logistical and infrastructural deficits unique to Bukedea's rural setting.

It is further forwarded that GBV laws have empowered women to speak out against abuse, fostering increased respect and recognition of their dignity within families and communities. This empowerment challenges traditional norms of silence, though it sometimes creates tensions in family dynamics due to cultural misunderstandings of the laws. There has been a marked rise in GBV case reporting, including by men and youth, supported by hotlines and specialized police units. However, deep-seated cultural beliefs such as equating wife beating with love and stigma toward male GBV survivors, continue to hinder full law enforcement and reporting. Community vigilance and ownership in GBV prevention have improved, with proactive whistleblowing and victim support reflecting growing collective responsibility. Sensitization campaigns via radio and

public dialogues have raised awareness about rights and legal consequences, contributing to changing attitudes.

Culturally, Bukedea district's strong patriarchal norms and social stigma around GBV reporting manifest uniquely through active resistance from local cultural leaders, who sometimes frame gender empowerment initiatives as "unruly" and not culturally compliant. This dynamic deepens community-level challenges by reinforcing traditional practices such as bride price and early marriage, which are highly prevalent in Bukedea and contribute to underreporting and limited legal compensation. This cultural entrenchment, alongside family pressures and fears of social rejection, poses a particularly steep barrier not always present in other districts with more progressive and urbanized communities.

The establishment of specialized units like the Child and Family Protection Unit and improved coordination among police, judiciary, and healthcare providers has enhanced timely response and accountability, participants reported a decline in physical and emotional violence, and these positive social changes suggest legal frameworks, combined with community efforts, can catalyze transformation.

5.2.4 Challenges affecting the effective implementation of GBV laws and policies in Bukedea district

The study highlighted several challenges that hinder the effective implementation of GBV laws, policies and programmes in Bukedea district. Among these is the ignorance of the communities and limited application of the laws and policies by the communities. Except for police and NGOs there was a wide level of ignorance about the laws among community members, limited financial, human, and infrastructural resources which significantly impede GBV prevention and response.

Evident resource constraints such as inadequate transport, forensic equipment, and absence of key personnel like district Gender Officers which critically weaken coordination and timely service and restricts survivors access to courts and services, while logistical challenges, such as lack of transportation and poor infrastructure given Bukedea's dispersed geography and limited infrastructure, setting it apart from more urbanized districts with better service accessibility.(e.g., absence of private spaces at police stations), deter reporting and compromise confidentiality.

The absence of key personnel, like district Gender Officers, weakens coordination and oversight. Additionally, weak coordination and limited collaboration among stakeholders, including minimal engagement by political and local leaders, result in fragmented and ineffective GBV interventions. Unclear roles and poor communication among the key stakeholders, diminishes collective response efforts, weakening law enforcement and program implementation.

It was also observed that entrenched patriarchal beliefs and cultural practices such as acceptance of male authority, bride price customs, early marriage, and community pressure normalize GBV and discourage survivors from seeking justice. Fear of family and community rejection further inhibits legal redress. Local cultural leaders sometimes actively resist gender empowerment efforts, framing them negatively.

Finally, delays in case resolution, weak enforcement, and procedural inefficiencies deter survivors from pursuing justice. Stigmatization, family pressure to drop cases, and displacement complicate follow-up. Corruption and bribery within law enforcement undermine access to justice, while favoritism and impunity protect offenders with political or social influence.

While much GBV research in Uganda and East Africa focuses on urban or peri-urban areas, this study provides rare, in-depth empirical data on GBV law implementation in a remote, resource-poor, and culturally conservative district like Bukedea. The unique challenges of dispersed settlements, poor infrastructure, and limited local legal adaptations are richly documented here, addressing a significant geographic and socio-economic blind spot in the literature. Many studies describe national GBV frameworks, but this study draws attention to the critical gap of missing local bye-laws in Bukedea, showing how over-reliance on national laws limits community understanding, ownership, and enforcement of laws and policies. This gap is underexplored in other contexts and points to the need for decentralization and local legal customization in rural districts.

5.2 Conclusion

The study concludes that implementation of GBV laws and policies was partial and uneven across the institutional and community contexts represented in the Bukedea case. National protections were recognised by several implementers and some response activities were described as operating. However, this formal and organisational presence did not ensure reliable access to usable information, safe disclosure, continuous support and appropriate remedies. The conclusion

rests on the relationship between reported functions and reported barriers, rather than on an implementation percentage or an assumed connection between high GBV rates and legal failure.

The most significant finding is the gap between the existence of protection and the practical ability to use it. The pathway can be constrained at successive points: recognising rights, approaching an entry point, receiving a sensitive response, reaching another service and sustaining a case. Informal support may ease entry while informal pressure may limit continuation. Cooperation may occur for a particular task while responsibility for follow-up remains uncertain. These combinations require differentiated improvement rather than a general assertion that all laws or institutions are ineffective.

Liberal feminist interpretation highlights why formal equality needs enabling institutional and social conditions. Information, affordability, confidentiality and accountability influence whose rights can be exercised, while household and community power can narrow survivors' options. Legal implementation is therefore one contributor to protection alongside wider resources and relations. The study does not establish the net effect of legislation on violence and does not generalise statistically to the whole district. Its contribution is a contextual explanation of reported implementation processes, access barriers and priorities for action.

5.3 Recommendations

5.3.1 Clarify and strengthen referral responsibilities

The district community development and probation functions, working with police, health services, justice actors and civil society, should agree on a clear local referral pathway within their existing mandates. It should specify the entry points, responsibility for transfer, the receiving service, safe information sharing and follow-up. The immediate priority is to make the existing protection framework usable rather than assume a new instrument is necessary for every difficulty. Follow-up can examine whether referrals are acknowledged, whether the next service was reached and what barriers prevented completion, using appropriately protected records.

5.3.2 Improve privacy and survivor-centred handling

Police and health facility managers should prioritise an appropriate private space and procedures that limit unnecessary disclosure. Staff should explain available options in accessible language and avoid requiring survivors to repeat sensitive accounts before unnecessary audiences. The shared-room accounts make privacy a concrete implementation concern. Review should examine whether

confidential interviewing arrangements are available and whether survivors understand the next step. Any feedback process must be voluntary and must not expose a person's complaint or personal circumstances to family or community members.

5.3.3 Address the costs of obtaining assistance

District planning and finance functions and relevant service managers should identify the operational and user costs most likely to interrupt response, including investigation logistics, referral travel and repeated visits. Resource planning should distinguish approved entitlements, actual releases, operational expenditure and any support available to survivors. Information about legitimate procedures and charges should be clear. The recommendation responds to reported resource barriers and alleged payment requests; it is not based on a verified finding that a particular budget amount was withheld or misused. Review should track unresolved access barriers rather than count only activities undertaken.

5.3.4 Strengthen case follow-up and accountability

Police, prosecution and court administrators, within their respective responsibilities, should examine barriers to progression identified in the accounts: communication, incomplete evidence, repeated visits, threats and difficulty tracing participants. Measures should distinguish pending cases, referrals, withdrawals and completed outcomes rather than treating them as a single success total. Survivors should receive understandable information about available channels for raising concerns. Allegations of payments or favouritism require an appropriate confidential complaints process and competent investigation; the dissertation's qualitative accounts should not substitute for adjudication against an individual.

5.3.5 Provide usable legal information

Community development personnel, civil society, police liaison staff and local leaders should explain the selected protections in language and formats accessible to the intended audience. Information should cover where to seek help, what assistance an actor can provide, what to expect after a complaint and how to access another service. Translation and community discussion should clarify the difference between rights, services and informal advice. Evaluation should consider whether people can explain an appropriate route to assistance, rather than rely only on attendance or recall of a statute's title. Messages should recognise male survivors while remaining attentive to the barriers faced by women and girls.

5.3.6 Use community participation without displacing protection

Local councils, community organisations and cultural and religious leaders should support safe access to services and challenge pressure to remain silent or withdraw. Their proximity can assist contact, but mediation or family harmony should not be treated as the default measure of success. Participation should include women and survivors' perspectives without requiring public disclosure of individual experiences. The reported use of corporal punishment should be addressed as a concern requiring appropriate legal and rights-based scrutiny, rather than promoted as a model of implementation. Review should ask whether local support expands survivors' options or narrows them.

5.3.7 Consider local instruments through the proper process

Where a documented local implementation need warrants consideration of an ordinance or bye-law, the relevant council should lead the applicable statutory process with technical and legal support and meaningful community consultation. The Local Governments Act distinguishes the lawmaking responsibilities of district and lower councils; development should not be assigned generically to district administrators or to the community acting outside that process (Government of Uganda, 1997). Women, survivors' advocates and other affected groups should have an opportunity to contribute. Existing texts and informal practices should first be identified and distinguished. Any proposed local provision must be consistent with superior law; its usefulness should be assessed against the specific implementation gap rather than assumed.

5.3.8 Focus capacity development on documented practice gaps

Service managers and civil society partners should base refresher support on the tasks and barriers described in this study, such as explaining options, responding sensitively, making appropriate referrals, maintaining privacy and following up. Training should have a defined audience, content and supervision, with evidence of how practice is supported afterwards. This recommendation concerns future improvement and is distinct from the study's own research-assistant briefing, which requires confirmation under Q5. A training attendance count should not be treated as proof of competent or consistent implementation.

5.3.9 Strengthen psychosocial and practical support

Health, welfare and civil society actors should coordinate appropriate support for survivors who face fear, stigma, economic dependence or retaliation. Assistance should be offered in ways that

respect choice and confidentiality, with additional safeguarding where children are involved. Livelihood or material assistance may expand options, but should not be presented as a condition for protection or as a survivor's responsibility to prevent abuse. Monitoring should distinguish an offer of support from actual access and continuity. The study recommends attention to these needs without asserting that a particular programme has already reduced repeat violence.

5.3.10 Improve evidence and monitoring

The district and relevant institutions should distinguish reporting counts from prevalence, institutional activity from completed assistance, and programme perceptions from evaluated effects. Definitions, time periods, geography, denominators and duplication should be documented before figures are compared. Confidential monitoring can focus on referral transitions and unresolved barriers while avoiding public disclosure of identifiable cases. This would support a more defensible future assessment of implementation. The study itself should first resolve participant-accounting and documentary queries so that its descriptive evidence is internally consistent.

5.4 Contribution and further research

The study contributes a district case account of the relationship between formal frameworks, institutional practice and survivors' ability to obtain assistance. It shows how implementation can be active in some respects yet constrained across a pathway. The contribution is analytical and contextual, not a claim that the identified problems are unique to Bukedea or that all national instruments have the same implementation status.

Further research could follow cases across services with appropriate consent and data protection, examine referral completion and the reasons for discontinuation, and document the gendered distribution of authority within implementing institutions. Comparative work could investigate variation across settings, while studies of change would need comparable indicators and a design appropriate to the intended causal claim. Research involving children and sensitive records requires explicit ethical and safeguarding arrangements; an expanded sample alone would not resolve those concerns.

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APPENDICIES

APPENDIX 1: KEY INFORMANTS

1. District Community Development Officers.
2. Gender Officers.
3. Police officers in the family protection unit.
4. District Health Officer.
5. In charges of Health Centers.
6. NGOs, CSOs, CBOs involved in advocacy and prevention of GBV and provision of legal Aid to GBV.
7. Local council leaders.
8. Religious leaders.
9. Magistrate courts.

APPENDIX II: KEY INFORMANT INTERVIEW GUIDE

Introduction.

Good [morning/afternoon], my name is NIWARINDA NODIOUS pursuing a Master's Degree in Women and Gender Studies at Makerere University. I am conducting research on the implementation of Gender-Based Violence laws and policies in Bukedea District.

Our interview will focus on gathering your experiences, opinions, and ideas about the implementation of GBV laws and policies in Bukedea District. The information you will help us understand the current situation and identify areas for improvement.

Please feel free to share your thoughts openly. Everything discussed here will be kept confidential, and your name or anything that identifies you will be attached to any of the comments in the dissertation.

Before we start, do you have any questions? Can we proceed with our interview?

Analyzing the Status of Implementing Gender Based Violence Laws and Policies in Bukedea District, Uganda

Section A: Socio-demographic characteristic

a)	Age	
b)	Sex	
c)	Institution of key informant	
d)	Type of institution (District local government, NGO, CSO, CBO, Police)	
e)	Position of the key informant	

Section B: Background and Experience

1. Tell us about your current role and your involvement in the implementation of GBV prevention and response laws and policies in Bukedea district?

2. How would you describe the overall context in which GBV laws and policies are being implemented in Bukedea District?

Section C: Roles of Different Stakeholders in implementing the GBV laws and policies in Bukedea District

3. What stakeholders are engaged in the implementation of GBV laws and policies in Bukedea District?
4. What role do government institutions such as the district local government and judiciary play in implementing GBV laws and policies in Bukedea District?
5. How do NGOs and CSOs contribute to the implementation of GBV laws and policies in Bukedea District?
6. What role do community leaders and traditional authorities play in the implementation of GBV laws and policies in Bukedea District?
7. What is the role of the health sector (e.g., hospitals, clinics, health workers) in addressing GBV and implementing related laws and policies?
8. What role does the Uganda Police play in implementing GBV laws and policies in Bukedea District?
9. What role do educational institutions (e.g., schools & higher institutions of learning) play in implementing GBV laws and policies?
10. What role do religious institutions play in the implementation of GBV laws and policies in Bukedea District?

Section D: Changes observed as a result of implementing the GBV Laws and Policies in Bukedea District

Positive Changes

11. What improvements in GBV prevention have you noticed due to the implementation of GBV laws and policies? Which gender or group of people (e.g., women, men, youth) has shown much improvements?
12. What improvements in GBV reporting have you noticed as a result of implementation of these laws and policies? Which gender or group of people (e.g., women, men, youth) has shown much improvements?
13. What improvements in community awareness about GBV have you noticed as a result of implementation of these laws and policies? How has awareness been raised among different

groups (e.g., women, men, youth)?

14. How has the implementation of GBV laws and policies strengthened local institutions (e.g., police, healthcare, legal systems etc.) in responding and/or supporting GBV victims in Bukedea District?

15. How has the implementation of GBV laws and policies impacted community members involvement in addressing GBV?

16. What other positive changes have you observed in GBV prevention and response as a result of implementing these laws and policies in Bukedea District?

Negative changes

17. What negative changes have you observed in GBV prevention and response as a result of implementing these laws and policies in Bukedea District?

SECTION E: implementation challenges of these gbv laws and policies in bukedea district

18. What institutional challenges (such as within law enforcement, the judiciary, health sector) do you think are most significant in impeding the implementation of GBV laws and policies in Bukedea District?

19. To what extent do resource constraints (e.g., financial, human resources, infrastructure) impact the implementation of GBV laws and policies in Bukedea District?

20. How has the cultural norms and societal attitudes towards GBV influence the implementation of these laws and policies in Bukedea District?

21. How would you assess the level of coordination and collaboration among different stakeholders (such as the district local government, Police, NGOs, CSOs etc.) involved in GBV law and policy implementation?
22. Are there any specific challenges related to the existing legal and policy framework on GBV that hinder effective implementation? These could be the gaps or inconsistences in the laws and policies.
23. From your experience, are there any other challenges hindering the effective implementation

of GBV in Bukedea District?

Section F: Key Strategies for Effective Implementation

24. What capacity-building or training programs are necessary for effective GBV laws and policies implementation?

25. What strategies have been employed to engage the community in the fight against GBV in Bukedea District?

26. What coordination mechanisms are in place among stakeholders (government, NGOs, CSOs, and Police etc.) to ensure effective implementation of GBV laws and policies in Bukedea District?

27. What advocacy strategies are in place to ensure that GBV laws and policies are effectively implemented in Bukedea District?

28. Is there anything else you would like to share about the implementation of GBV laws and policies in Bukedea District that we haven't covered?

Thank you very much for your time and insights.

APPENDIX III: IN-DEPTH INTERVIEW (IDI) GUIDE FOR GBV SURVIVORS

Introduction

Good [morning/afternoon], my name is NIWARINDA NODIOUS pursuing a Master's Degree in Women and Gender Studies at Makerere University. I am conducting research on the implementation of Gender-Based Violence laws and policies in Bukedea District.

Our interview will focus on gathering your experiences, opinions, and ideas about the implementation of GBV laws and policies in Bukedea District. The information you will help us understand the current situation and identify areas for improvement.

Please feel free to share your thoughts openly. Everything discussed here will be kept confidential, and your name or anything that identifies you will be attached to any of the comments in the dissertation.

Before we start, do you have any questions? Can we proceed with our interview?

Section A: Awareness and Experience with GBV Laws and Policies

1. Are you aware of any laws, policies bye laws in Uganda that are aimed at preventing and responding to gender-based violence?

Section B: Roles of Different Stakeholders in implementing GBV laws and policies

2. Could you share your experience with reporting and seeking justice for your GBV case you went through?

Section C: Changes in the Implementation of GBV Laws and Policies

3. From our experience, are there any positive changes you have noticed in how GBV cases are handled as a result of the implementation of these GBV laws and policies?
4. What negative changes have you observed in GBV prevention and response as a result of implementing these laws and policies in Bukedea District?

Section D: Challenges in the Implementation of GBV Laws and Policies

5. From your experience, what challenges did you encountered while going through the process of reporting and seeking justice for your GBV case?

Section E: Strategies for Effective Improvement of GBV Laws and Policies

6. What do you think can be done to improve the implementation of GBV laws and policies in Bukedea District?
7. What strategies do you think are necessary ti improve the implementation of GBV Laws and Policies in Bukedea District?
8. What additional resources or support do you think are needed to effectively combat GBV in this community?

Conclusion

9. Is there anything else you would like to add about the implementation of GBV laws and policies in Bukedea District?

Thank you so much for your time and contributions.

APPENDIX IV: FOCUS GROUP DISCUSION (FGD) GUIDE

Analyzing the Status of Implementing Gender Based Violence Laws and Policies in Bukedea District, Uganda

Introduction

Good [morning/afternoon], my name is NIWARINDA NODIOUS pursuing a Master's Degree in Women And Gender Studies at Makerere University and I will be facilitating today's discussion. I am conducting research on the implementation of Gender-Based Violence laws and policies in Bukedea District.

Our discussion will focus on gathering your experiences, opinions, and ideas about the implementation of GBV laws and policies in Bukedea District. Your input will help us understand the current situation and identify areas for improvement.

Please feel free to share your thoughts openly. Everything discussed here will be kept confidential, and no one's name will be attached to any of the comments in the dissertation.

Ground Rules:

Please note that during our discussion, there are no right or wrong answers; we are interested in all opinions. Please speak one at a time so that we can capture everyone's thoughts, and feel free to respond to each other's points. We want to hear from everyone, so please ensure that everyone has the chance to speak.

Before we start, does anyone have any questions? Can we proceed with the discussion?

Section A: Introduction (To help establish rapport and understand general perceptions of GBV).

1. Can you describe what comes to mind when you hear the term 'Gender-Based Violence'?

2. What are the most common causes of Gender-Based Violence in Bukedea District?

Section B: Roles of different stakeholders in implementing GBV laws and policies in Bukedea District.

3. Who are the key people or organizations involved in addressing Gender-Based Violence in

this district?

Section C: Changes resulting from the implementation of GBV laws and policies.

9. Can you identify any positive changes in the community as a result of implementing GBV laws and policies?

10. What negative changes have you observed in GBV prevention and response as a result of implementing these laws and policies in Bukedea District?

Section D: Challenges in implementation of GBV laws and policies in in Bukedea District.

5. What challenges do you think are hindering the effective implementation of GBV laws and policies in Bukedea District?

6. How do these challenges impact the community's response to GBV?

Section E: Strategies for effective implementation of GBV laws and policies.

9. What strategies do you think should be in place to improve the implementation of GBV laws and policies in Bukedea District?

10. What additional resources or support do you think are needed to effectively combat GBV in this community?

Conclusion:

Is there anything else you would like to add on the subject of implementation of GBV laws and policies in Bukedea District?

THANK YOU