

Exploring Violence against Women and Girls (VAWG) in relation to the access to and use of WASH services and facilities in Agago District

Final Report

To



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Table of Contents

Acronyms and abbreviations	iii
List of Tables	iv
Operational definitions	v
Section one: Introduction and background	6
1.1 Introduction	6
1.2 Gender-Based Violence and WASH in Uganda	Error! Bookmark not defined.
1.3 Intimate Partner Violence and Violence Against Women and Girls (IPV/VAWG in relation to WASH in Northern Uganda	7
Section Two: Problem statement and objectives	9
2.1. Problem statement and Knowledge Gap	9
2.2. Objectives and research questions	10
2.2.1. Broad objective	10
2.2.2. Specific objectives	10
2.2.3. Research questions	10
Section Three: Methods and tools.....	11
3.1. Design.....	11
3.2. Study areas.....	11
3.3. Study population.....	12
3.4. Layout of the operational research	12
3.5. Data collection techniques and tools.....	13
3.5.1. Data collection techniques.....	13
3.5.2. Data collection tools	16
3.6. Data sources.....	16
3.6.1. Primary data sources	16
3.6.2. Secondary data sources	17
3.7. Sample size and sampling procedure	18
3.7.1. Sample size.....	18
3.7.2. Sampling procedure	20
3.8. Data management and Interpretation.....	20
3.9. Ethical considerations	20
Section Four: Findings.....	21
4.1. Introduction	21
4.2 Decisions governing access to and control over WASH services and facilities at community and household level.....	21
4.3. GBV/VAWG Situation in Patongo TC and Omot Sub-county	27
4.3.1. Understanding GBV /VAWG.....	27
4.3.2. Manifestation of GBV/VAWG in Omot and Patongo	30

4.3.3. Factors contributing to/driving the occurrence of VAWG/GBV	35
4.4. The Situation of WASH Facilities and Services.....	44
4.4.1 Water Sanitation and Hygiene(WASH) situation in Omot ant Patongo.....	44
4.5. The intersection between VAWG/GBV and WASH	55
4.5.1. VAWG/GBV and access to WASH facilities and services.....	55
4.5.2. WASH and community wide violence	66
4.6. WASH, VAWG/SGBV and Harmful Social-cultural Norms in Acholi Community	70
4.6.1 Social Cultural Norms surrounding pregnancy and menstruation	70
4.7 WASH related consequences for girls and women.....	72
Section five: Synthesis of the findings	76
5.1. Introduction	76
5.2 Current Situation of GBV/VAWG in Patongo and Omot	76
5.3. Decisions governing Access to and Control over Wash Services and Facilities	78
5.4 GBV/VAW and Access to WASH facilities and services.....	79
5.5. Management of GBV/VAWG Cases	82
6. Conclusion and Recommendations.....	83
6.1 Conclusion.....	83
6.2 Recommendations	84
References	87
Annexes	91
Annex 1: Tools used in the study	91
Annex 2: Sub-activity reports.....	91
Annex 3: Photos	91
Annex 4: Transect map, Location and adequacy of water facilities	91

Acronyms and abbreviations

FGDs:	Focus Group Discussions
GBV:	Gender-Based Violence
IDIs:	In-depth Interviews
IDPs:	Internally Displaced Persons
IRB:	Institutional Review Board
IPV:	Intimate Partner Violence
KII:	Key informant Interview
SDG:	Sustainable Development Goal
SRHR:	Sexual and Reproductive Health & Rights
ToR:	Terms of Reference
UDHS:	Uganda Demographic Household Survey
UNCST:	Uganda National Council for Science and Technology
VAWG:	Violence Against Women and Girls
WASH:	Water Sanitation and Hygiene

List of Tables

Table 1: Research layout.....	12
Table 2: Inception meeting with women and men	18
Table 3: Community workshop.....	19
Table 4: KIIs and FGDs for men and women	19
Table 5: FGD participants.....	19

Operational definitions

Adolescents: individuals (female and male), in the 10-19 years age group

Boys: Male persons aged below 18 years

Child Marriage: This is a situation where marriage, cohabitation, or any arrangement is made with someone below the age of 18 years.

Family Planning: This is the practice of controlling the number of children one has and the intervals between their births.

Gender: Is the socially constructed characteristics of women and men such as norms, roles, and relationships and between groups of women and men. It varies from society to society and can be changed. While most people are born either male or female, they are taught appropriate norms and behaviours – including how they should interact with others of the same or opposite sex within households, communities, and workplaces. When individuals or groups do not “fit” established gender norms they often face stigma, discriminatory practices or social exclusion – all of which adversely affect health. It is important to be sensitive to different identities that do not necessarily fit into binary male or female sex categories

Girl: Female persons below 18 years

Health: A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.

Men: Male persons above 18 years

Sexual and Gender-Based Violence: Is any attempt to obtain any unwanted sexual act including; comments, advances, or acts to traffic people’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work”.

Woman: Female persons above 18 years

Youth: individuals (female and male), aged 12 to 30 years(Uganda National Youth Policy).

Section one: Introduction and background

1.1 Introduction

Globally over 2.5 billion people lack access to improved water and sanitation¹In many contexts, a lack of access to, or poorly designed, water, sanitation and hygiene (WASH) services and facilities increases vulnerability to violence against women and girls within their respective communities as they seek to meet theirs and their family's needs to water and hygiene. Girls and women in some contexts must travel long distances in search of a water source, while in other contexts they may wait until evening hours to seek out a field or private place to defecate under the cover of darkness²Half of women (51%) and men (52%) age 15-49 have experienced physical violence since age 15, and 1 in 5 experienced physical violence in the 12 months preceding the survey. Twenty-two percent of women and 8% of men have ever experienced sexual violence. Eleven percent (11%) of women who have ever been pregnant have experienced physical violence during one or more pregnancies. Thirty-seven percent (37%) of ever-married women and 33% of ever-married men reported that their current or most recent spouse/partner had ever exhibited at least three types of specified controlling behaviours. Forty-six percent (46%) of ever married women and 23% of ever-married men say that they are afraid of their current or most recent spouse/partner some or most of the time. Fifty-six percent (56%) of ever-married women and 44% of ever-married men have experienced physical, sexual, or emotional violence by their current or most recent spouse/partner. The prevalence of spousal violence among women has declined by 4 percentage points since the 2011 UDHS, while the prevalence among men has not changed substantially. Among those who have ever experienced spousal violence, 39% of women and 21% of men have sustained some form of injury. Three in 10 women (33%) and men (30%) sought help to stop violence they had experienced. Five in 10 women (51%) and men (49%) neither sought help nor told anyone about the violence. This evidence clearly shows that while there have been some changes/shifts, violence of multiple forms is still significant in Uganda.

¹ WHO, 2014 REPORT

² UDHS, 2016

Violence against women is on the increase in Uganda despite the presence of laws and policies to protect victims and survivors. According to the Uganda Police Force's annual crime report, gender-based violence cases that were reported and investigated increased by 4% (from 38,651 to 40,258 cases) between 2015 and 2016. Moreover, violence against women remains a major obstacle to the empowerment of women, with a 2011 survey reporting 56% of women aged 15 to 49 had experienced physical violence at least once since age 15³.

With regard to WASH, the proportion of population using safely managed sanitation services, including a handwashing facility with soap and water is 31.7% for men and 17.7% for women (UDHS 2016). Uganda's national safe water coverage and functionality in rural areas stands at 69% and 85% respectively. In urban areas, 79% of the population can access and use improved drinking water sources. Access to safely managed water in urban areas is, however, still low at 57.2%. Access to some form of sanitation in rural areas is 77.2% whereas in urban areas it is 87.9%. Unfortunately, only 7.1% of the rural population is using safely managed sanitation compared to 42.8% in urban areas⁴. However, the number of people with access to safe water and sanitation has improved over the past 10 years, although there are still many communities (both rural and urban) that rely on contaminated water sources, such as streams and open wells. More than half of all residents in Uganda do not have access to improved sanitation, sharing overcrowded pit latrines or practicing open defecation. The lack of safe drinking water, hygiene and sanitation facilities are strongly influencing the wellbeing and health of the communities.

1.3 Intimate Partner Violence and Violence Against Women and Girls (IPV/VAWG in relation to WASH in Northern Uganda

In the Acholi region of Uganda, where Agago district is situated, the lifetime prevalence for IPV was 59.9% according to the 2016 Uganda UDHS research into factors that contribute to IPV in the conflict-affected northern Uganda setting is limited to main camps and scanty literature is available about WASH. A study conducted by Oxfam, 2018 in Omugo extension camp, of the 124 women who cited a fear of GBV, people peeping into the facilities was the biggest concern, with 80% of those 124 women very worried about this during the day and 84% very worried after dark. There

³ UN Women, 2011

⁴ WASH Alliance International Report, 2014

were also high numbers of women reporting that they were very worried about sexual violence inside and on the way to the facilities after dark: this was the case for 64% of those who reported fear of GBV⁵.

Furthermore, 63% of women identified at least one risk relating to GBV as a reason for not using the sanitation facilities in the day, compared with 14% of men. Fear of being watched while using a latrine was high among women (57%). The other GBV-related risks e.g., “being see” on the way to the facilities (36%), sexual harassment (21%), and sexual violence on the way and inside a facility (10/11%) were evident among women, while for men these did not feature as risks. Female respondents also registered high levels of concern about “being seen on the pathway” which, while not one of the four GBV indicators, was found to have some links to risks of GBV as explored later in this report, as well as to feelings of shame and embarrassment at being seen going to the latrines by men⁶.

⁵ Lighting your way: Lighting, Sanitation and risk of gender based violence-Omugo extension camp, Uganda (Oxfam Research Report, December, 2018)

⁶ Uganda Bureau of Statistics (UBOS) and ICF. Uganda demographic and health survey 2016: key indicators report. Kampala, Uganda and Rockville, Maryland: UBOS and ICF; 2018.

Section Two: Problem statement and objectives

2.1. Problem statement and Knowledge Gap

Poor access to water, sanitation and hygiene (WASH), although not the root cause of violence, can exacerbate the vulnerability of women and girls to violence and there is evidence on regular examples of incidents of violence in relation to WASH. Vulnerability to violence can have a significant impact on people's access to adequate water, sanitation and hygiene and vice versa. In both urban and rural contexts, girls and women frequently face harassment when defecating in the open. They may delay drinking and eating to wait until nightfall to relieve themselves because of feelings of shame and risks to their dignity if they are seen defecating in the daylight. Given taboos around defecation and menstruation, and the frequent lack of privacy at WASH facilities in internally displaced or refugee camps, women and girls may decide to use the toilet or bathing units under the cover of darkness. Walking to remote locations to collect water for drinking, cooking or laundry or using WASH facilities after dark puts women and girls at risk of harassment, sexual assault and rape. Lack of access to water may also contribute to tensions between husband and wife, particularly in water-scarce or drought-affected areas, and this can lead to violence⁷

Existing research has mainly focused on physical and sexual IPV, and most studies on IPV in northern Uganda were conducted during or in the immediate aftermath of the conflict⁸. They found high rates of IPV among women living in internally displaced person camps (IDPs) in northern Uganda. It is important to note that there is limited or no substantial literature and studies on VAWG/GBV in relation to WASH as most studies are done in refugee settlements and camps. Fewer studies have examined more recent patterns of IPV among Acholi women in northern Uganda, at a time when the majority of internally displaced people have left the camps and re-settled. For that reason this research focuses on the understanding of GBV among women who are not in the camp settlements, by examining the prevalence of GBV and VAWG in both rural and urban settings in Northern Uganda (Agago district).

⁷ Kwagala B, Wandera S, Ndugga P, Kabagenyi A. Empowerment, partner's behaviours and intimate partner physical violence among married women in Uganda. *BMC Public Health*. 2013;13(1112).

⁸ Patel S, Muyinda H, Sewankambo N, Oyat G, Atim S, Spittal P. In the face of war: examining sexual vulnerabilities of Acholi adolescent girls living in displacement camps in conflict-affected northern Uganda. *BMC Int Health and Human Rights*. 2012;12:8.

2.2. Objectives and research questions

2.2.1. Broad objective

The main objective of this project was to explore the connections between availability and accessibility of WASH and VAWG/GBV in Patongo Town Council and Omot Sub County Agago district

2.2.2. Specific objectives

- a) To explore the decisions that govern access to control over WASH services and facilities both at community and household level
- b) To find out how women and girls experience violence in the use and access to WASH facilities
- c) To understand the kind of violence experienced by women and girls and how it is related to harmful social-cultural norms
- d) To explore the consequences of the violence experienced by women and girls in relation to the availability and accessibility of WASH facilities.

These were modified with a consultation with Simavi and WASH alliance in Uganda

2.2.3. Research questions

This operational research was guided by the following research questions:

1. How are the decisions about access to and control over WASH services and facilities made, in the community and at the household level?
2. What kind of violence do women and girls experience in the access and use of WASH services/facilities?
3. How is the violence experienced related to harmful social and cultural norms?
4. What are the consequences for women/girls of the violence they experience in relation to the availability and accessibility of WASH?

Section Three: Methods and tools

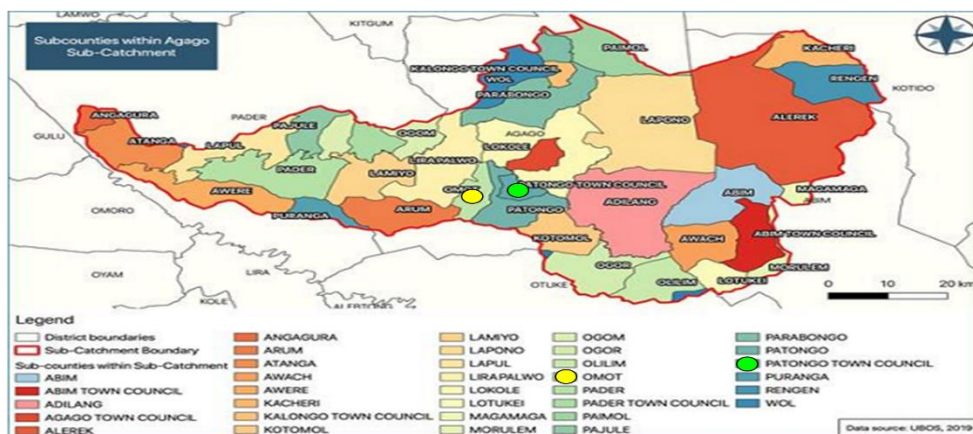
3.1. Design

This operational research employed qualitative data collection methods. It was cross-sectional in that it captured the VAWG and its relation to the use of WASH services and facilities. Also, associated contextual, and historical factors were explored.

3.2. Study areas

Patongo Town Council (TC) and Omot Sub County (SC) in Agago district were the Study areas . These were selected from the 3 Town Councils and 11 sub-counties due to the high rates of GBV and are a typical representation of the Agago community. Agago district has a population of 227,792 persons, out of these, the total male population is 110,495 while that of females is 117,297 (National Population and housing Census 2014: Area Specific Profile – Agago District). The district has 43,376 households, out of these, 76.3% are headed by men; 23.7% headed by women; 22.3% headed by youth aged between 18-30 years; 16.6 headed by older persons aged 60 and above and households headed by children constitute 0.3%. The illiteracy rate in the district stands at 43.4% (men at 22% and women 60.4%). More than half of the households (50.6%) in the district do not own any toilet facility. The research was conducted in Patongo Town Council since this is an urban setting and Omot sub-county since this is a rural setting so that we can have a comparison between the rural and the urban setting. Data by UDHS 2016 revealed that 24.1% of women in rural areas had experienced physical violence in the 12 past months preceding the survey compared to 16.0% of women in urban areas

Figure 1: Map of Agago District



3.3. Study population

Women and girls within Patongo TC and Omot SC were the key study population since they run the risk to be confronted with violence. However, men and boys were also involved in the study as they are generally considered to be the perpetrators of GBV.

3.4. Layout of the operational research

This operational research has several phases that follow each other as highlighted below.

Table 1: Research layout

Phase	Key actions	Output
1. Ethical approval of the research proposal	<ul style="list-style-type: none">• Finalize research proposal• Submit MakSPH IRB• Submit an approved proposal to NCST	Approved research proposal.
2. Preparatory work	<ul style="list-style-type: none">• Recruited and train research team• introduction of the research team to local authorities, partners.	6 Research assistants were recruited and trained
3. Desk review existing data	<ul style="list-style-type: none">• Capture existing information about cases of VAWG at police stations, health clinics, local and national customs and laws, WASH provisions.• Review, pretest and refine community tools.• Identify and sample Key informants	Systematized desk review findings, revised tools, KI identified
4. First community visit: key informant interviews	<ul style="list-style-type: none">• Conduct in-depth interviews with local key informants• Transcribe data• Analyses the transcripts• Compile the findings	The key informants' findings report
5. Testing and refining research tools	<ul style="list-style-type: none">• Use findings of phase 4 to refine the community level research population and tools.	Valid and reliable tools
6. Second community visit (actual data collection):	<ul style="list-style-type: none">• Complete data collection community with women, girls, men, boys, members of specific groups (ethnic, elderly, people with disabilities) to explore the research questions	Quality written/audio recorded data, results of workshops (flip overs, drawings, all produced results), map of the community and the walk,

KIIs, IDIs, workshops FGDs, transect Walks observations		indicating important points and where violence happens(ed)
7. Preliminary data transcription, analysis and draft findings report	<ul style="list-style-type: none"> • Analyze data according to objective • Identify any information gaps 	Preliminary findings report highlighting any data gaps
8. Third community visit: Additional interviews	<ul style="list-style-type: none"> • Conducting additional interviews to fill the information gap 	All data gaps filled
9. Complete analysis and report writing	<ul style="list-style-type: none"> • Complete analysis • Write complete findings report 	
10. Draft research paper for publication	<ul style="list-style-type: none"> • Sharing draft research paper 	Draft research paper
11. Review sessions	<ul style="list-style-type: none"> • Internal review sessions with teams in the research countries and with the coordination team 	Refined research paper
12. Final research paper	<ul style="list-style-type: none"> • Sharing final research paper 	Final research paper disseminated/published

From the table above, the consultancy team together with Simavi ensured that this operational research met both the technical and financial requirements for clearance by both Makerere University School of Health Sciences research ethics committee and Uganda National Council of Science and Technology. A competent team of research assistants who are knowledgeable about issues of GBV and WASH was recruited and trained.

3.5. Data collection techniques and tools

3.5.1. Data collection techniques

Qualitative data collection methods were used as highlighted below.

3.5.1.1. Literature review:

Both Published and non-published (grey) literature was included in the literature review.

The literature reviewed was majorly from online sources either downloaded directly from an online database or downloaded from shared mail. In addition, during the pre-visit in Agago district, consultations were made with the different stakeholders (the police, the district leaders and technical officials, Sub county chiefs, health centres, health workers, clan leaders and community

development officers which provided insights on GBV and WASH within the district. Literature from these stakeholders was drawn from community experience and existing knowledge on the subject matter.

Literature was captured from materials that were identified through Internet and database searches. Peer-reviewed publications, grey literature, news articles, blog posts and opinions. Organizational and line ministry websites were an important source of literature, especially for the national and local context.

3.5.1.2. Inception meeting

A field pre-visit and inception meeting were conducted to kick start the operational research activities. This was conducted at the district headquarters. The field visit was aimed at setting the ground for the subsequent data collection processes.

Specifically, the preliminary field visit was meant to enable the team:

1. Interface with the district and TC/SC leaders and introduce the research
2. Map key stakeholders to engage in the subsequent data collection processes
3. Conduct the first data collection workshop at the district level.
4. Capture relevant data to refine the tools

The inception meeting objectives included:

1. To raise awareness of the key stakeholders regarding VAWG while accessing and utilizing WASH services and facilities
2. To capture participants thoughts and opinions regarding VAWG while accessing and Utilizing WASH services and facilities in Agago district.

3.5.1.3. Community Workshop

The Gender Transformative Approach (GTA) was applied in both workshops (Patongo TC and Omot SC). The methodology used was qualitative and specifically the GTA applied in the workshops. This participatory and highly interactive approach aimed to stimulate reflection about

the impact of destructive gender and sexual norms. It supports both inquiry and participant learning. The approach was used to sensitize the community members on the connection between WASH and VAWG, to learn about their views and experiences and highlight key issues that needed to be considered for this research.

3.5.1.4 Key Informant Interviews (KIIs)

Persons considered to have more information or have a better understanding of the key issues of VAWG and WASH were identified and interviewed as key informants. Key informant interviews (KIIs) were carried out with local health workers within the selected facilities and police officers/probation officers. The Key Informants were also identified through the desk review literature so we could be able to choose the best Key Informants. These provided a deeper understanding and helped in refining the instruments. The KII interviews further provided a deeper understanding of VAWG and its connection to the accessibility and availability of WASH facilities and the local, political, social and cultural dynamics surrounding GBV and WASH facilities within the community. We also conducted KIIs with local chairpersons of villages since they are the first point of contact in case of any form of GBV within the community.

3.5.1.5. In-depth Interviews (IDIs)

In-depth interviews were conducted to get detailed lived experiences of the different respondents relevant to VAWG and access to and utilization of WASH facilities and services. Critical to this study were survivors who had experience VAWG while accessing WASH facilities and services. Also, individuals who have been part of the process of addressing these issues like the community leaders and law enforcers were invited to share their experiences.

3.5.1.6. Focus Group Discussions (FGDs)

Homogeneous groups of 8-12 people were identified and brought together to share ideas and opinions concerning VAWG and limited access to WASH. The FGDs were moderated by an experienced qualitative researcher/female GBV expert assisted by a female masters' student? and gender studies graduate who spoke Acholi while notes were taken by a note-taker who also ensured that the discussions were audio recorded. Among the participants, further homogeneity was ensured by age and marital status.

3.5.1.7 *Transect walk observations*

Transect walks were done through the selected study areas to observe and map some of the concerns to VAWG and limited access to WASH aspects. Maps were generated to provide a clear and visual context of issues that were considered to be relevant. A small group (5 people) of workshop participants and participated in the transect walks. This helped in the deeper exploration and understanding of the different forms of violence and points at which violence usually happens. These walks further helped in the mapping of the most at-risk paths/ points to the water sources, the dark spots as well as researchers being able to identify and familiarize themselves with the different water sources and WASH facilities within the community. After a well-guided transect walk through observation and listening, a final transect diagram was produced by community members to map out the dangerous areas in relation to the WASH service and facilities points.

3.5.1.8. *Problem tree analysis*

The problem tree was important in determining how the problems of GBV originate and are manifested in relation to WASH, by mapping out the root cause and effect.

3.5.2. *Data collection tools*

Tools were developed and pre-tested for validity and reliability before use. Each data collection technique used a specific tool.

- A desk review guide
- Pre-visit and Inception meeting concept
- Community workshop methodology (GTA)
- Key informant Interview guide,
- an In-depth Interview guide, and
- Focus Group Discussion guide
- An observational checklist

3.6. *Data sources*

Data was captured from both primary and secondary sources.

3.6.1. *Primary data sources*

- IDI respondents included women and girls who have experienced violence, boys and men who have perpetrated violence against women and girls.

- FGD participants included selected women and girls, boys and men from the selected communities.
- The workshops included a representative selection of women, girls, men and boys considering age, abilities, ethnic descent, and other aspects that make people vulnerable in their communities.

3.6.2. Secondary data sources

These mainly comprised of key reports/documents from departments, institutions, organs and sectors that are directly or indirectly related to VAWG and WASH. These included;

- Water office WASH reports
- CDO, ACDO reports
- District/TC/Sub County development plans
- Health facility reports on GBV related cases (emergency cases related to GBV like injuries/wounds, burns, etc.)
- Police reports on GBV cases
- WASH sector reports
- WASH local and district committee reports
- Research/any assessment reports (VCA, DRA etc.)

3.7. Sample size and sampling procedure

3.7.1. Sample size

The tables below summarize the sample sizes for all the participants

Table 2: Inception meeting with women and men

Category	Total No.	Notes	Women	Men
District LC V council	3	Chairperson, Secretary for Health, Secretary for Gender youth.	1	2
District water officer	1	District Water Officer		1
District Community Development office	1	District CDO	1	
District Health Office	1	DHO/ADHO- Environmental Health		1
District Police family welfare department	1	Family Welfare officer	1	
Patongo Town Council	3	LC 3 chairperson, Town Clerk, and Secretary for health	1	2
Patongo Health Department	1	Health Inspector	1	
Patongo Community Development office	1	ACDO	1	
Pantongo Police family welfare desk	1	Family welfare officer	1	
Patongo Health Center III	1	Health facility in charge		1
Omot S/C leadership	3	LC3 chairperson, Sub County Chief and Secretary for health	1	2
Omot Health Department	1	Health Inspector	1	
Omot Community Development office	1	ACDO	1	
Omot Police family welfare desk	1	Family welfare officer		1
Omot Health Center III	1	Health facility in charge		1
Simavi Uganda	2		1	1
Local GBV advocacy/prevention/case management NGO	2		1	1
Local Council 1	2	One from each Omot and 1 Patongo		2
Total	27			

Table 3: Community workshop

No.	Workshop Participants	Patongo Town Council	Omot Sub-county
1	Female Adolescents aged 15-19 years	2	2
2	Male adolescents aged 15-19 years	2	2
3	Married women (aged 19 – 35 years)	4	4
4	Men (married, separated/divorced and single)	2	2
5	Separated/divorced women/widows	3	3
6	Never married women	2	2
7	Persons with disabilities (female an and male)	1	1
8	Refugee persons (2 females and 1 male)	1	1
9	Different Ethnic Groups	1	1
9	Survivors of GBV	2	2
	Total	20	20

Community Transect Walk: This involved moving within the villages on foot to observe and document GBV vulnerability points.

Table 4: KIIs and FGDs for men and women

No.	KII & IDI Participants	Patongo Town Council	Omot Sub-county
1	Local Council and women Councils	3(2M &1F)	3(2M,1F)
2	Community Development Officer	1(F)	1(F)
3	Probation and Welfare Officer	1(M)	1(F)
4	Child and Family Protection Office at Police	1(F)	1(F)
5	Representative of PWDs at Sub-county	1(F)	1 (F)
6	Survivors of GBV	2 (2F)	2 (F)
7	Police officers (I male and 1 female)	2(1F&1M)	2(1M 2F)
8	WASH officers at district	1(M)	1
9	WASH Partners	1(M)	2(1M &1F)
	Total	14	14

Table 5: FGD participants

No.	FGD Participants	Patongo Town Council	Omot Sub-county
1	Female Adolescents aged 15-19 years	12	12
2	Male adolescents aged 15-19 years	12	12
3	Married women (aged 19 – 35 years)	12	12
4	Men (married, separated/divorced and single)	12	12
	Total		

3.7.2. Sampling procedure

The study respondents for KIIs, and FGD participants were purposively selected to ensure that there is representation from the required categories.

3.8. Data management and Interpretation

Once all data was collected, it was transcribed into English transcripts. All transcripts were entered into ATLAS Ti version 7.5.18 and analyzed thus focusing on merging themes. The analysts employed the use of qualitative reasoning and simulation to draw comparative conclusions to the findings for immediate use. Data analysis tasks undertaken were transcription and coding after data collection, analysis then report writing. Manuscript writing and publication will be done after final submission and approval of the report.

3.9. Ethical considerations

Since this research project involved interactions and engagements with the rural population for information sharing and data collection purposes, permission was sought from local authorities to carry out the study and individual participation was voluntary, without any coercion. Participants were free to withdraw from the participation of the study at any time without being penalized. Information was observed. Collected data/ information will not be shared with anyone other than the contracting agency (Simavi).

Research Assistants (RAs) were recruited and trained on the data collection instruments through a hands-on exercise, research ethics and analysis. Since some of the tools were participatory and require analytical skills, the research assistants were trained to ensure a proper understanding of the tools.

Section Four: Findings

4.1. Introduction

This section presents the findings from the different phases of this study. The findings are thematically organized under the four broad themes that address the study objectives and the key questions: Women's role in decisions that govern access to and control over WASH services and facilities both at community and household level; women and girls experience of violence while accessing WASH facilities and services; harmful social-cultural norms as a key driver of WASH related GBV/VAWG; and consequences of the violence experienced by women and girls in relation to the availability, accessibility and use of WASH facilities. Under each theme, relevant sub-themes have been identified and elaborated. Findings here are generated from all the data collection methods as detailed in section three of this report.

4.2 Decisions governing access to and control over WASH services and facilities at community and household level

Under this section, we explore the questions of who decides what and why at both community and household levels.

Nature and location of WASH facilities

From 1987 when the war in northern Uganda started to 2006 when people started returning home from internally displaced peoples' camps, the nature and location of water sources within Patongo and Omot was highly influenced by the occurrence of the insurgency and post insurgency community re-organization where all the people were forced into internally displaced camps. By default, all WASH services facilities and services were placed within the settlement areas.

Upon returning from the camps, more water sources were provided by the government through district Local Government and through the District Water Office (DWO). Several water points have also been provided by Civil Society organizations.

Decision making about community water provision

Decisions on the type and number of water source provided was generally determined by the funding agency and cost.

One of the key tasks of the Water User Committees that were created before the provision of the water facility to the community was to mobilize the community contribution to the water point construction especially if the water point provision is by Government. It should be the same even if it is Civil Society Organizations (CSOs) providing the facility but often the CSOs opt to fund 100% of the construction. The other key role of the Water User Committees is to propose community views on suitable locations of the water point subject to approval from engineering team at the district.

It was revealed that the geological reports particularly on availability of water highly determined where the water source would be located. This was noted as one of the reasons why many water points are far away from the communities in Patongo Town council and Omot, and generally in low lying areas where the water table is high. The location of water sources in such geologically recommended spots not only reduces the cost of construction of the water sources (specifically boreholes and shallow wells with hand pumps) but also looks into quality of water based on the underground geological makeup.

In the urban Patongo setting where National Water and Sewerage Cooperation (NWSC) manage a piped water system, the decisions about the location of public taps was/is by the NWSC staff in conjunction with community leaders. The public taps are generally located at points that are generally accessible to the public like roadsides and in or near markets. For the households taps, the decision to get a tap or not was/is entirely upon the household. The households intending to get a piped water connection was/is required to fill an application form and pay a one-time connection fee for piping and the meter. The meter is usually registered in the name of the household head for owned homes. For rented residential houses, and business premises (hotels, restaurants, etc.), the meter(s) is/are registered in the names of the landlords. (the registration of the meter in the names of the household heads or landlords is based on the assumption that this is a permanent individual with regard to the particular premises.

It is clear that most household heads and landlords are males especially in a male dominated and patriarchal society like Agago. This has an implication on the VAWG in that the wife in the home are not seen as permanent individuals in the home and that they can leave anytime while the men are perceived to remain. In the registration process, it is a requirement that the applicants name the

next-of-kin, who is the person to be contacted in case the applicant cannot be contacted. In homes with husbands and wives, it would be implied that the wife is the next-of-kin. However, this is not the case depending on the nature of relationship they are having. Some men would prefer indicating their relatives as their next of kin while others would name their wives as their next of kin. This could be attributed to some factors like men's perception of women as a property in Acholi region and the socio-economic differences between the husbands and wives that may hinder them from perceiving each other as equal stakeholders. Such equality would be exhibited by having utility registrations (water meters) registered in the names of both husband and wife and any one of them taking responsibility when there is need.

Decision making regarding provision of sanitation and hygiene facilities

Provision of Public/institutional sanitation and hygiene facilities

Like for water facilities, Government through the Ministries of Health, Water and Environment, and Education have provided guidelines on the standards of sanitation and hygiene facilities for institutions including schools, health facilities and public place like markets.

Drainable pit latrines provision for persons with disabilities are the recommended institutional/public sanitation facility. The Ecological Sanitation (EcoSan) toilet was also promoted as an institutional/public sanitation facility but it had limited acceptability mainly due to operation and maintenance challenges. Provision of functional hand washing facilities is also requirement.

In terms of decision making, it is clear that while choosing to construct a new latrine facility, the institutions are meant to follow the guidelines and construct drainable pit latrines.

However, the cost of constructing a drainable pit latrine is much higher than that of a VIP or ordinary pit latrine. For this reason, institutions have often resorted to choosing lesser expensive option of VIP/ordinary pit latrines rather than the recommended drainable pit latrine.

In the Patongo's urban setting, the presence of piped water system has enabled several institutions including schools, hotels, and health facilities to opt for water flush/pour toilet systems whose drainages end in septic tanks.

Provision of household sanitation and hygiene facilities

The health departments in both Omot and Patongo through different community sanitation promotion programs like the Community Led Total Sanitation (CLTS) and Community Led Total Sanitation Plus (CLTS+) promote total separation of faecal matter from human contact and proper hygiene. The community is sensitized about the different available options and they are given an opportunity to choose a preferred option based on affordability and suitability of option with regard to the nature of soils. The bottom line is that every household should have sanitation and hygiene facilities in their household, owned or shared.

In the Patongo urban setting the presence of piped water has seen an increased adoption of water flush/pour toilets by households in both owned/rented premises.

In all the discussions with the community during the community workshops, interviews and Focus Group Discussions, it was generally perceived that issues of sanitation and hygiene are the responsibility of the women and children. However, when it comes to digging the latrines at institutional level, it is men who usually do this because of the high risk of physical damage in case the pit collapsed. For example, a pit latrine should be at least 15 feet deep (more than twice the average height of people), to maximize space and ensure that the toilet does not get full quickly, some institutions/households dig over 30 feet deep. This could be difficult for the women to undertake. Moreover, decisions on the location of latrines is determined by men and there is no accommodation for people with disabilities especially peri-urban Patongo.

Because digging pits for latrines (drainable, VIP, or even ordinary) is such a risky task, not all men can dig for themselves even in their household and therefore hire other people to dig and usually paid based on the depth reached. Households are also required to provide their own bath shelter and hand washing facilities. These are often erected next to the latrine facility. From the transect walk, most of the hand washing facilities were locally made from the old plastic jerry cans.

Decision making regarding provision of WASH

It was noted that most WASH services within Patongo and Omot have an entrepreneurship foundation. This means that whereas they come into existence to offer a solution to specific challenges within the WASH sector, they are intended to generate income for the service provider, whether public or private.

For example, the pit emptiers association was formed with the intention of addressing the challenge of latrines that get full with limited space to construct new pits. However, beyond this, the pit emptiers were taught entrepreneurship skills to expand their coverage in and ultimately their income that is based on work done.

With such entrepreneurship mindsets, service providers are focused more on recruiting staff that would be efficient and therefore generate more income.

For example, because pit emptying requires a lot of physical energy, it was noted that the six employees, only one was female, and over 40 years of age. This is a clear example of the male dominance in the provision of WASH services especially those considered to be physically demanding and characterized by strength such as digging pits and emptying latrines.

Operation and Maintenance (O&M) of WASH facilities

a) O&M of Water facilities

The factors around maintenance of water facilities have adverse gendered implications, but also, many of the water care takers are men. The general community members also have a responsibility for cleaning and maintaining the water sources as noted by participants in Patongo thus:

“.....the boreholes, it’s the community that always cleans around the bore holes...” FGD women’s group, Patongo TC

The participants from the FGD for boys stated that;

“for the case of wells they will advertise that tomorrow we (community members) are going to clean and if you don’t participate there will be fine and you will not be allowed to fetch the water” (FGD boys group Patongo TC.)

More to that,

“Like for the community when they gather to do community work they will sit down and select the person who is going to be there everyday collecting money from people at the end of the month and clearing the water ways and sweeping around the borehole” (FGD boys group Patongo TC.)

The potential implication of the above practice is that in households where financial resources are controlled by men and attitude towards women access to resources is negative, women and girls in such households find themselves lacking access to water, yet they are the ones that need it most for hygienic practices on a daily basis. This suggests a relationship between access to water resources and financial resource access by women and girls.

b) O&M of Sanitation facilities

i) Household sanitation facilities.

The maintenance of sanitation facilities in homes is a clear reflection of the roles and responsibilities as per sanitation maintenance being highly gendered. In most of the discussions, it was clear that women and children take on the role of cleaning latrines at the household level while men only instruct as noted by one FGD participant that;

“....when a man is married he will instruct the woman and the woman will instruct the children to go and clean”.

Other participants further stated that the men and boys are responsible for digging and constructing the pit latrines and rubbish while it's the duty of the women to maintain its cleanliness. They said;

“...men are to dig and construct rubbish pits and pit latrines, and other people are to maintain ...the women and children are the ones to maintain the cleanliness”.
(FGD women's group patongo TC)

From the above narration, it is clear that sanitation facilities are gendered in terms of setting up and maintenance roles with men charged with the former and women the latter. This also means that if latrines are misused and made dirty, it is the women that face hardship to clean and this exposes them to infection incases where there isn't adequate water for

cleaning. It would be interesting to explore what happens when women fail to clean a latrine in cases where water is scarce.

When the pit latrines are full, most of the households have to abandon the old latrine and dig a new one especially in rural areas like Omot SC where space is not a limiting factor. In Patongo TC, it was noted that because of limited space due to increasing urbanization, space is becoming a challenge so when the latrines are full, more efforts are made towards emptying and reusing instead of simply abandoning the latrine.

Shared latrines especially in Patongo TC were noted to have challenges of maintenance. It was noted that often the household that owns the latrines does the cleaning and this often grants them the right to limit access to the facility by other households. This practice can be used to develop constructive norms around collective maintainance and cleaning so as to increase access and use of pit latrines.

Still, in Patongo TC, it was noted that there are shared latrines that were shared by tenants from the same landlord and therefore each household has the right to use the latrine. In this case, the households that rightfully share the facility limit access by other households by locking and allowing each one to have a key that opens the latrine. In this case, the maintenance is shared while repairs like structural repairs are done by the landlord.

4.3. GBV/VAWG Situation in Patongo TC and Omot Sub-county

4.3.1. Understanding GBV /VAWG

It is important to start with the basic understanding of Gender-Based Violence (GBV)/ Violence Against Women and Girls (VAWG) from the community perspective.

Respondents in the community workshop, KIIs and IDIs and FGDs were asked what they understood by GBV/VAWG. From the Community workshop held in Omot SC and Patongo TC, it is clear that the subject of GBV/VAWG is common and sometimes discussed openly. Through the video titled: *“One Billion Rising”*⁹ different forms of violence were pointed out by the

⁹ <https://www.youtube.com/watch?v=gl2AO-7Vlzk>

participants, which exhibited their understanding of the various types of violence happening in their communities. The types of GBV/VAWG they pointed out can be categorised under physical violence like pulling a woman's hair or fighting; sexual violence (rape); emotional/psychological violence (verbal abuse and jeering at someone); and economic violence (denial of economic resources).

Findings reveal that in the study areas GBV/VAWG is generally understood as an abuse of people's rights. The key characteristic of this understanding of GBV were aspects like disrespect and misunderstanding. Also aspects of aggression; physical, verbal and expressional especially within the home between spouses and children were elaborated and expressed as understanding of GBV and VAWG.

From the KIIs, it was noted that

"....my understanding of GBV is rudeness in the home and also fighting at in the house because when there is a lot of fights and rudeness in the house, your children and yourself won't have a good life at home which can make me not do this job when there are quarrels in the house and lack of respect it makes the house without peace in it" (IDI, Female WASH Service Provider, Agago District)

A male adolescent 15 – 19 years in Patongo TC put it this way:

"... so what I think is when there is the word gender it means both sexes, of a man and woman, therefore gender-based violence can be meaning the man torturing the woman or the woman making the life of a man very difficult and the effect can be minor injuries and refusing to send the children to school and the torture can be psychological or physical torture" (Participant, FGD_Male Adolescents 15 – 19 years _ Patongo TC)

A female FGD participant in Omot understood GBV as:

..... violence has various types, it can be like four, it can be sexual, emotional, or... economic or... psychological... so, the one that I am going to speak about, is the one which happens in our homes, among the children, mothers or even the husbands, so the one that I am going to talk about is sexually, child abuse is also

inclusive, but the one which is most prevalent.. in our homes is misunderstandings about something because... it can be in the homes as well, that, a man comes when he is drunk, me as a woman, am not ready to meet him sexually ... uummm... when he comes, then maybe he starts... because he is going to come when he is shouting and doing all sorts of things, number one he is already annoying me by asking me for from far while shouting and become less interested... aya... and then you find that, that special love that I should have given him, has varnished and when it reaches bed time, he can forcefully have sexual intercourse with you... which can sometimes bring fights and quarrels then it can reach the issue of violence within homes. (Participant, Female FGD Omot)

A female participant also explained GBV as violence inflicted on someone because of being a women/girl or man or a boy:

..... So maybe I can just highlight, gender based violence is mainly you know acts ... where.. Somebody is mistreated or.. a person suffers harm, somebody is beaten, or somebody is abused because of being a woman or a girl or a man, uummm.. it's like in a home, when you.. jeer, there are those who can make it so long...(laughs)... women are also good at that especially towards their husbands.. can make one which moves round and round. (Participant, Female FGD Patongo)

Sexual violence inflicted on women in the home in form of marital rape was also understood by women to constitute GBV/VAW. However, participants in male FGDs in both Patongo and Omot did not mention this as part of their understanding of GBV. Probably because from men's point of view, they believe they are entitled to sex from their wives any time they need it. This is supported by social norms which dictate that it is an abomination for a woman to refuse sexual demands from her husband. Denial of family resources to women and sale of household properties by men without the consent of their spouses was also understood by both men and women as GBV/VAW.

4.3.2. Manifestation of GBV/VAWG in Omot and Patongo

Generally, GBV/VAWG is rampant within the study areas as revealed throughout the data collected using the different methodologies employed in the study. The forms of violence were diverse and even the articulation of the same varied widely among the participants in the study. The participants indicated that there were several acts of GBV/VAWG manifested in their communities ranging from physical violence and psychological abuse among spouses, economic violence against women to sexual violence, which mainly takes the form of defilement, rape, marital rape, sexual harassment, early/forced marriages and transactional sex. Study findings show that GBV/VAWG is highly prevalent in Patongo and Omot catchments and the most rampant types are domestic violence and sexual violence. This is in agreement with the National Action Plan on elimination of GBV in Uganda (2016–2021) which mentions sexual violence (rape, defilement and sexual harassment) and domestic violence as the most prevalent types of GBV/VAWG in Uganda.

Participants in FGDs pointed out the most rampant forms of GBV/VAWG as follows:

“The worst kind of violence that is in Omot are two, but the most prevalent one is fighting, and the second one is separation between the man and the woman...” (Participant, Female FGD Omot)

“The most common violence that is most prevalent here in Omot is.. picking the household properties by force which is done by men, is the one I see is common. Then... drinking alcohol at a bad rate.. is also there. This is what brings violence that I see” (Participant, Female FGD Omot)

Likewise the same types were echoed by female participants in Patongo. When participants of a female FGD in Patongo were asked whether GBV is common or not in Patongo, most participants responded that GBV/VAWG was common in their communities where they live. Physical, economic and sexual were mentioned by the participants as the most common types of GBV/VAWG in the area.

Information collected from service providers like the police and CDOs also indicated that while defilement had slightly reduced due to community awareness done by service providers and local leaders in the community, domestic violence was still highly prevalent with the most common types being; fighting between spouses and economic violence perpetrated by men against their wives.

Records at Agago Police Station indicate that the Child and Family Protection Unit registered 12 cases of sexual violence (including 1 case of rape and 2 cases of aggravated defilement) in January 2021 and 14 cases in February 2021. For domestic violence, 41 cases had been reported in January 2021 and 47 cases in February 2021. In 2020, the total number of domestic violence cases registered were 499; defilement 93 and out of these, cases of aggravated defilement were 13. An interview with the in-charge of Agago Health Centre III revealed that this health unit received between 3-4 cases of domestic violence in a week. Most of the women who come to the facility have severe injuries.

Study findings from Patongo and Omot show that in 2020 because of the lockdown incidences of defilement were much higher than what it was in 2021 during the time of the study. And although, cases of defilement reported to service providers have reduced in 2021, for domestic violence, there is no apparent decline in the cases reported to Police. In an interview with Officer in-charge of Omot Police Station revealed that almost every day a case of domestic violence is reported at this police station. Records on domestic violence from the CDO's office in Patongo attest to the views from FGD participants that it is highly prevalent though, the cases are also reducing from the figures of 2020. While in 2020, the CDO's office received about 20 case of domestic violence in a month, by July 2021, this office received between 10-15 cases.

A key informant at Omot Health Centre III reported that sometimes it can be 1 or 2 cases of defilement in a month and at times a month can pass without any case reported. However, it should be noted that even if few cases of defilement are reported it does not necessarily mean that its prevalence is very low because another key informant raised counter arguments that few of defilement cases are reported to health units apart from those of aggravated defilement. Others are reported to health units to check for pregnancy or to fill Police Form 3 to be able to report the culprit to police to be forced to meet the basic needs of the pregnant girl. These figures presented

here although defilement seems to be reducing for both Patongo and Omot, domestic violence is still highly prevalent in both study areas there is a slight reduction in Patongo when compared to Omot.

a) Types of violence perpetrated against Women and Girls

The different forms of GBV perpetrated against women and girls mentioned were: rape, physical assault of women by men in the home, quarrelling and verbal abuse by the husband, offering free/hard labour on the family farm, selling household properties including bicycles, animals and farm harvest by men without the consent of women and deny women a share of the proceeds, drinking alcohol by men which result in constant disagreements and beatings, polygamy and extra-marital relations here an example given was a man dancing “squeeze” literally translated as zero distance dancing with another woman/girl,¹⁰ widow inheritance, defilement, sexual harassment, early/forced marriages and transactional sex. Women mostly suffered domestic violence while sexual violence and limited access to education opportunities were the main forms of GBV/VAG perpetrated against girls. Denial of educational opportunities to girls happens mainly because of the social norm of son preference. Parents prefer to educate boys than girls because girls will get married and it will be the family of the husband to benefit from her education. So some parents want their daughters to get just basic education and after primary seven they do not give them an opportunity to continue to secondary level even if they have passed well Primary Leaving Examinations (PLE). A participant in an FGD for female adolescents at Omot decried this situation thus:

About school fees, when you ask for money they instead tell you to go back to school yet they need school fees and sometimes tell you to look for your own level. That you look for your money. That you can do any casual work eg gardening in people's gardens, borrowing money from your father's relative. (Participant, Female Adolescent FGD Omot)

Other acts of GBV/VAWG perpetrated against women and girls include violence related to WASH facilities and services; sexual violence as they go to fetch water and at the water sources, fights among women in the queue for water and domestic violence suffered by women because of staying

¹⁰ Squeeze dance is a type of dance usually between people of the opposite sex involving holding each other's body tightly with zero distance between them.

out of the home for long hours when they go to collect water. The study found out that fights at water resources are rampant, where each person wants to be the first one to draw water from the well. This usually happens when the water is not enough in the reservoirs and or when one has more jerry cans compared to the other. This causes jealous and hate amongst themselves. Young girls are beaten and injured and sometimes their jerry cans thrown away by the older persons.

b) Violence against Men and Boys

Findings from both Patongo and Omot indicate that men and boys also suffer from GBV as highlighted by the participants. The commonest forms of GBV against boys are: sexual assault by older women who coerce the young boys from approximately 15-17 years using gifts, also denial of basic needs like food, clothing, healthcare and education opportunities by parents and guardians, forced marriage for boys between the age of 15-17 and parents refusing to raise for them marriage gifts (bride price) to take to the would be bride's family when they are planning to get married. Refusal by parents to raise bride price for sons when they are of age to marry is considered GBV by adolescent boys because they feel they are entitled to this privilege as sons in the family, Acholi community being a patrilineal society.

The forms of GBV men suffer pointed out by participants in the community workshops, FGDs and KIIs include: lack of respect for men by women, verbal abuse by women arising from misunderstandings that develop between the man and his wife when a man suggests that they sell something in the home like an animal to raise money to meet the family's needs but the wife refuses. Verbal abuse against men also results from a man attempting to correct his wife but the woman starts quarrelling and abuses the husband. Women who drink and come back home late and quarrel with their husbands who don't drink, infidelity by women, physical assault against men by their wives, and women buying things when the husband is not aware or without his consent were also mentioned as forms of GBV perpetrated against men in the study areas. This finding shades light to the fact that GBV that traditionally looks at the man as the perpetrator needs to be looked at using a different perspective, if we are to understand the intersection between violence against women and violence against men. The great reluctance of many men and boys to report sexual violence makes it very difficult to accurately assess its scope. The limited statistics that exist almost certainly vastly under-represent the number of male victims. Sexualised violence

against men and boys including rape, sexual torture, mutilation of the genitals, sexual humiliation, sexual enslavement, forced incest and forced rape has been reported in 25 armed conflicts across the world (Russell W. 2021). Therefore, while there is enough evidence of violence against women, there is very little or no qualitative evidence on violence against men in Agago, hence this could be an area that needs further investigation in post war areas like Agago in Northern Uganda.

The concept of violence against men

Women beating men is to a large extent a new emerging form of domestic violence against men in Uganda and other countries in Africa. Most studies done on GBV in Uganda have rarely documented men's experiences of domestic violence. Men being the main perpetrators of GBV/VAWG are not usually targeted as victims/survivors in research and GBV response programs. In addition, due to societal beliefs and social norms about manhood men being family heads, they are not supposed to come out and talk about their experiences of domestic violence in the public space or even to seek redress, instead, society expects them to be silent about it or else they lose the respect they are accorded in society. However, recent literature indicates that men are increasingly victims of family violence worldwide. It is termed as emotional violence in form of abuse. The discussion on women beating men was discussed more openly in the male FGD for Patongo than that of Omot. Patongo being peri-urban, men in Patongo may be more sensitized about women's rights than those in Omot, which is more rural where people still have a strong attachment to social norms defining gendered identities.

As already highlighted, the study findings show that there is increased understanding among the community members that men also suffer GBV. Women beating men (physical violence in the family) was noted in the FGDs, KIIs and IDIs as a practice that is not very common but which is now a normal occurrence. Women do beat the men especially those men that are in the wrong in several aspects according to the women. This was elaborated as follows:

“....we are talking about the woman beating the man, so there it comes in different situations like maybe the man likes quarrelling and he drinks, so when he goes and gets drunk the woman will take that advantage because when a man is not drunk, a man is physical enough to beat a woman down, but the woman knows that if he is drunk he is weak, so he can take that advantage by beating him, but also there

are other cases where that lady is energetic and they have that power where they can overpower the man, there they can also do it. But I will say that it is not common. (Participant, Male FGD Patongo TC)

Therefore beating of men is happening, but is linked to some undesirable behaviours like drinking alcohol, and in some cases a reaction to emotional or verbal abuse by men. This also implies that to address violence against men requires interventions that address behavioural issues among men.

It is important to note that these forms of GBV are triggered off by the social norms in the Acholi community regarding male and female identities. These norms constitute the structured causes of GBV as failure to conform to societal expectations of gender roles leads to GBV.

4.3.3. Factors contributing to/driving the occurrence of VAWG/GBV

Several factors were noted to be contributing to/causing the occurrence of VAWG/GBV. The most mentioned cause from the FGDs, KIIs as well as IDIs is alcoholism or alcohol abuse by both men and women but mainly men young and old. Men's drinking was noted to have contributed more to VAWG as per the findings from the community workshops, KIIs and FGDs. Communal is a social practice in the northern region, and it is at through these that alcoholism is perpetrated. A key informant at the Inception meeting at Agago town council noted that the major cause of domestic violence is alcoholism and put it that:

"... .. most of the men here drink, they go home and disturb their women. Most cases they beat them up. Others even harass them sexually. Others are forced to have sex. When the man is drunk he will just come and tell you even minus your consent." (Respondent, KII Clinical Officer Agago Town Council)

Alcoholism has also made some women beat men because the men become weak when they are drunk so women take advantage and beat them especially when they demand for sex. An example of such a case was reported by a Local leader that:

“.....she said the husband had taken alcohol and could not share the bed with him, because his breath was bad. And the man got angry and started exchanging words and the woman started fighting, then the man said he was not going to fight and he left” (Respondent, IDI Local leader Omot SC)

In both Patongo and Omot, drinking is regarded as the major cause of domestic violence, which is the most rampant form of GBV/VAW in these areas. Excessive drinking by men causes VAW within the family because alcohol impairs one’s judgment, it affects a person’s thinking capacity, feels and communicates and has the potential to trigger violent acts against those within the vicinity of that person. In this way when men come back home drunk they do awkward things such as quarrelling without any apparent cause which make the women angry and when some answer back then fighting begins. Others demand for sex in a demeaning way in front of children and when the women refuse, this triggers fights between the spouses.

Similarly women who drink alcohol, though still fewer compared to men cause domestic violence. For example, one KII respondent highlighted women drinking alcohol as a factor that contributed to GBV/VAWG.

“....the first cause of GBV between man and woman is alcohol abuse, i.e. when the woman drinks and goes back home late.” (Respondent, IDI Local leader Omot SC)

Participants in Adolescent girls FGDs and KIIs indicated that the practice of women taking alcohol is taking root in Patongo and Omot. This is contrary to social norms about womanhood in Acholi community and women who drink alcohol and come back home late are regarded as social deviants by the community. Failure to perform their gender roles most especially reproductive roles in the home triggers of domestic violence from their husbands.

Poverty was noted among all the KIIs, FGDs, inception meeting and community workshops as a major cause of GBV/VAWG in both Patongo and Omot. Inability by men to provide basic necessities for their families because they are not employed is a driver of physical assault,

psychological, sexual and economic violence in the home between the spouses and sometimes this spills over to the children. Participants noted that:

Most of men are not working so you find the woman is demanding something so they end up quarreling and fighting that is the only violence I have seen. (Participant, Male FGD Patongo TC)

The men have nothing to do. No income generating activities. They start drinking early and go back home late. In this district people minimize certain work i.e. selling cabbages, a man would not take up such a job. I do not believe there is lack of what to do to generate income. In this place agriculture does well. (Respondent, LCV Chairperson, Inception Meeting Agago Town Council)

When a woman is married she wants to show that she is a capable woman. Men can stand the abuses of society. A man can borrow money, millet, groundnuts but a women would not do that especially if she is married. A woman does not want the neihbhours to hear that she is the one who borrows food. If the food is not enough, it is the woman who suffers because the children ask her for food. A woman looks at the man as if he has wasted her time. When the women complains the husband tells her to shut up but the woman does not keep quite. She tells the man: 'you remember how beautiful I was and I had many suitors'. In such circumstances the quarrel and even fight. (Respondent, LCV Chairperson, Inception Meeting Agago Town Council)

Social cultural norms among the Acholi dictate that a man is the head of the household and therefore is responsible for providing the basic necessities of his family. However, currently, many men are not engaged in gainful employment and so they cannot meet the basic needs of their families which causes frequent quarrels and fights when the women demand for money to buy home necessities yet the men do not have money to meet these needs.

Lack of jobs by men was attributed to unwillingness by men not take on available jobs in the community like running petty business including selling agricultural produce as women do. For

some men, it is the impact of the war which cultivated an attitude of wanting to be provided for because when they lived in the camp during the war they were provided with food aid and other necessities for life. They got used to that lifestyle and now they find it difficult to work and earn a living to provide for their families.

Poverty is also a cause of sexual violence in form of defilement, early/forced marriages and transactional sex among girl children. Many parents are not able to provide their daughters with basic necessities which expose the girls to early sexual engagement with men to meet these needs. On the other hand, still due to poverty, some parents pull their daughters out of school and marry them off at an early age to gain wealth through bride price.

Sale of household property and items by men, though a form of domestic violence, it is a trigger of psychological violence i.e. verbal abuse; physical assault and sexual violence among spouses. This was noted as a major cause of GBV/VAW in both Patongo and Omot by participants in FGDs, IDIs and KIIs. This was elaborated as a cause of GBV/VAWG by participants below:

“..... what brings most of the violence is that a man can say you stay there, I am the head of the family, and if I am removing anything (from the garden or house), you do not have a voice to talk about it and that is where the wrangles start from, the woman can be struggling and the man is also struggling for it.. So the process of this struggle can lead to fights.” (Participant, Female FGD Omot)

“The most common violence that is most prevalent here in Omot is.. Picking the household properties by force which is done by men, is the one I see is common, then... drinking alcohol at a bad rate.. is also there. This is what brings violence that I see. The properties that you have worked for with your husband which you could decide on how to use it together, he picks it and uses it.” (Participant, Female FGD Omot)

“Apart from fighting... there is selling of household foodstuff without the consent of the woman. When the woman realizes, it can be when he has already stolen the food staff and is selling....some people remove the goats from the verandah and take it to the market. That

brings serious wrangles between the husband and wife” (Respondent, Secretary for Health and Education Omot)

“When we look at economic violence, you find that in a home, a man and a woman..have things they have worked for together, but in any case like.. let me take an example of farming, they farm together, but at the end of the day when the things are harvested, the man tends to take charge of everything now... can go and sell and the woman doesn't see the things” (Respondent, Health Officer Omot Health Centre 3)

Men taking away some items from the home and sell them without the knowledge and consent of the women destabilizes marital relations. Closely related to this, is the practice of men taking charge of the sale of agricultural produce including that from women's gardens and do not share the money with the women but use it for drinking alcohol or give it to other women. In Patongo and Omot women still have limited control over household property and agricultural produce because culturally women are perceived as part of men's property in the home due to the bride price men pay to the family of the woman upon marriage. So whatever property is in the home is considered by the community to belong to the man as the head of the family and he automatically takes charge of the sale of agricultural produce within that home so that he can have an upper hand in decisions on use of the proceeds.

Male perception and treatment of women/girls in Omot and Patongo depict that the patriarchal system is still strong in Acholi community. The way men treat women was explored with GBV anguished women. From the discussions, it was clear that generally women are perceived as the property of men due to payment of bride price to the wife's family.

“...after paying bride price, there the man will start calling a woman my property because I remember there was a day when a man and a woman were separating and they were dividing their properties then the woman told to the man to pick his property, the man he starts with picking the woman” (Participant, Male FGD Patongo TC)

It was also reported that mal-treatment and violence by men starts even before marriage happens and is further facilitated by the negative attitude and beliefs of the women. They reinforce the

practice of treating women as property of men by suggesting that before a man pays dowry, he is not allowed to beat or try to challenge the woman he intends to marry. This indirectly implies that once the Men pay the dowry, they have acquired and therefore own the women they marry. This is both an early warning sign for women but also one way how women and girls may unconsciously contribute to GBV. One of the participants reported thus:

“...like when you ask somebody you are still in courtship with about something and when you pick up a quarrel or fight, the woman will say that after all, you have never taken anything to my family so you are nothing to me. So that is why when you take something (Dowry or parental gift of intent) there (woman’s family) you have already shown interest or maybe you have finished up everything to the woman’s home, you own her and she becomes the property of the clan and that is it. (Participant, Male FGD Patongo TC)

It was further elaborated that the high bride price is one of the reasons why men treat women as their property.

“...ok, like what brings about that owing, it is the high bride price. You will find like a woman when you are going to marry, they will write you a letter that you should take like four to nine heard of cattle. Or equivalent to the amount they move up to something like seven-eight million, so when a man struggles and pays all that. When reach my home the woman should be like should be doing everything at home, washing his clothes, cooking, going to the garden while men be resting. And they call a woman as part of his investment, so that is what makes them a woman property” (Participant, Male FGD Patongo TC)

“.... I would like to add because when the woman is getting married after getting the bride price, the first people to instill that mindset to the woman are the parents of the woman, they will tell the woman now you go there and you respect the man, do everything so when a woman gets off from there and comes to the man’s place, the woman knows that they should pay the man fully. And the man also knows that I have paid money there to their place so she should do everything.you

know I paid money there at your place so there is nothing that you shouldn't do for me, see you should do everything I tell you and that is where the problem comes from. (Participant, Male FGD Patongo TC)

Low status of women in the family due to payment of bride price is a cultural perception that gets rooted in the mind of the woman by her own family that she has to be submissive to the husband and tolerate domestic violence since she is also a 'property' of the husband.

The practice of widow inheritance was explored in the Acholi cultural context in relation to GBV/VAWG. It was noted that this practice still occurs, though it is dying out but is deeply rooted in gender cultural system of the Acholi community. Widow inheritance denotes the community perception that a woman once married, belongs to the husband's family and clan because of bride price paid to the woman's family. This is articulated in the case below.

"...I have a widow who has been inherited. But the way the man who has inherited her [and] is taking care of her is not good, let's say that, the man's legally married wife, does not allow this man to give support to the widow he inherited.

(Respondent, KII Local Leader Omot SC)

Widow inheritance is also reinforced by unwillingness of the members of the women's family to receive her back upon the loss of her husband. Returning to her natal family necessitates the family gives her land for cultivation to earn a living. It is worse if her children are still young as her family may have fears that when her sons grow up they will want to inherit land yet culturally they are not entitled to inherit land from their maternal family.

Polygamy¹¹, was also noted as one of the factors contributing to VAWG in the Acholi region. A case of polygamy contributing to VAWG is described below.

¹¹ Polygamy is a scenario where a man has more than one wife.

Another kind of violence that is here is related to affairs, if some ones goes and brings your co-wife or even the picking of the household properties and taking to my co-wife, all the time I am the one working for it and yet another person is the one eating it... it can bring violence and since I will not agree to it... (Participant, Female FGD Omot)

Polygamy is a common practice in Patongo and Omot and usually triggers off different forms of domestic violence between the man and his wives or among the wives. Polygamous families tend to experience multiple forms of domestic violence ranging from verbal abuse, physical assault, psychological and economic violence. The men tend to harass and violate the rights of the first wife to gain favors from the newly-acquired wives.

Infidelity for both men and women was noted as another factor contributing to gender-based violence within Patongo TC and Omot SC. Some examples of cases of infidelity by both men and women narrated in the study are below:

Extramarital affairs by men inflicts psychological torture on their wives and when they complain to the them, the men either deny or pick quarrels with the women and fights begin there and then. On the other hand also when women get involved in extra-marital affairs, men get so offended and beat up the women or subject them to economic abuse and some divorce them immediately. Acholi community, being a patriarchal society, extra- marital relations by men are regarded as a normal and the practice is condoned by the community, while for the women it is taken as an abomination and the whole community condemns women who do such acts.

As already pointed out in the report, study findings indicate that domestic violence is taking on a new pattern in Acholi region, with women also beating men and sometimes they are the ones who start the fights. Financial inequity between husband and wife in families where men are not employed was noted as a big factor for women beating men as elaborated below.

..... to some extent you find that a woman is financially well off if working, if the woman, she is working she has the money and it is the man who doesn't have a job, so that woman is a mental torture, a woman will beat the man silently. (Participant, Male FGD Patongo TC)

An inquiry on the instances and circumstances where women beat men, the following was revealed:

Some incidences of physical assault against men by their wives are triggered off by extra-marital relations by the men. The women beat them because they know the men are in the wrong and so they are not likely to fight back. Another reason given by the participant to explain the phenomenon of women beating men was that women from Acholi community are militaristic and aggressive. However, it is not possible to substantiate whether this is a natural or socially constructed behavior. It can also be traced from history in that during the colonial time, the colonial government used to recruit mostly men from northern Uganda including Acholi region into the police force and the army because of their height (they are tall) and they were also believed to be aggressive because of their physical strength. Similarly women from this area might be aggressive like the men.

It is there also, but it is not very common.. it is not very common actually. That happens when.. if you have caught your man cheating with another woman. Some men fight back... in most cases they don't, because they always knew that they are in the wrong. (Participant, Female FGD Patongo)

Age imbalance was also noted to be contributing to women beating men as highlighted below.

“...That (women beating men) also happens, some men marry late and grow old so fast, and the woman is still young, so she can have the urge to beat up the man knowing that he is too old to fight, since she has more energy than the man.”
(Participant IDI local leader, Omot SC)

In most communities in Uganda including the Acholi, socio-cultural perceptions dictate that a man should marry a woman who is younger than him because it is believed that women girls mature faster than boys and when women give birth they grow older much faster than the men. There is much social stigma in the community especially in rural areas suffered by women who marry men who are younger than them. So such women also perceive themselves as social deviant knowing that the community does not approve of their marriages, they tend to be aggressive in marriage and some look down upon the men especially if the women has more money than the husband.

This explains why the study revealed that women in marriages where they are older than the men beat them. In this respect age becomes a key determinant of power relations in the marriage.

Internationalisation of labour or the current trend of labour migration from Uganda to countries in the Middle East like the United Arab Emirate, Qatar and others is also driving GBV/VAW in Omot and Patongo. The violence comes as a result of scenarios where the husband who went to Middle East send money to the wife for instance to build a house for the family but, instead the wife builds a house at her parents' home or if the man suspects that the wife has an extra-marital affair or she has even given birth and the husband doubts his paternity to that child.

The findings presented about the causes/factors contributing to GBV/VAWG here indicate that the causes are multiple and multi-faceted related to different aspects of society such as social norms on gender roles of men and women in the community, poverty and social changes which are impacting on women's and men's roles in the family and alcoholism.

4.4. The Situation of WASH Facilities and Services.

The research team deemed it necessary to do a situational analysis of the current state of the WASH facilities and facilities in the study areas to assess how access to and utilization of these facilities may increase the risk of WASH related GBV to women and girls. The study revealed that Patongo town council, being a peri-urban area had more accessible WASH facilities and services and generally of better quality than Omot which is more rural.

4.4.1 Water Sanitation and Hygiene(WASH) situation in Omot ant Patongo

4.4.1.1 WASH facilities and decisions around control and access

Patongo and Omot community catchments have various types of WASH facilities, but the decision to access and/or control these WASH facilities are dynamic. Below is a description of the types of facilities in relation to access and control issues.

a) Water facilities

The study identified two major categories of water facilities that is Boreholes and Tap/piped water that are available in the two communities, and their accessibility and utilization are highly dependent on the costs involved, which are often associated with the cost of maintaining the facility as elaborated below:

- **Boreholes**

Boreholes were generally provided by Civil Society Organizations especially when the communities were internally displaced in Camps, and during that time, no gender sensitive considerations were made in relation to access and control. These were generally located near the Camps for accessibility to the camp residents. However, upon return to the villages, people needed more water sources. Boreholes are the dominant water facilities in both Omot and Patongo.

Access to the bore holes is somewhat normative because they are largely for domestic related water use, and since women are seen as the role bearers of all domestic work, most boreholes are frequently used by women who need water to undertake domestic duties. Access is in most cases free, but users are sometimes expected to pay some user fees for maintenance of the borehole, under the oversight of village water committees.

Furtherstill, each household that fetches water from the borehole is mandated to pay UGX Shs 1000 to 2000 per month to contribute towards the maintenance of the borehole, and the caretakers are mostly men. This shows that power is one sided i.e. men control access and use of water, but we also know that in most rural areas of Uganda, it is the men who control finances. This makes women so vulnerable to abuse especially when they don't have any money to pay for maintenance.



Photo 1 Above: Borehole in Patongo TC with children fetching water

- **Tap water system in Patongo TC**

Tap water is provided by the National Water and Sewerage Cooperation (NWSC), and the corporation provided an opportunity for the Households and institutions to have water connections to their Households/premises and thereafter pay monthly bills for the water consumed at the end of the month. These are private taps installed at people's homes/premises for private use. The other type of taps are Public water kiosks which were installed at strategic locations to ease access for the community members who may want to buy tap water, hence access is tagged to ability to pay, and control is also private. Below are some photos of kiosks.



Photo 2 above: Elderly woman accessing water from a water kiosk in Patongo TC



Photo 2 above: Elderly woman managing public water kiosk in Patongo TC



Photo 4: Tap stands in Patongo TC



Photo 4: Tap stands in Patongo TC

The pilot piped water system in Omot SC: This system has a pump that gets underground water into a tank which is dispensed upon swiping a card on a sensor.



Photo above: the Pilot piped water system in Omot SC.



Photo above: the Pilot piped water system in Omot SC.



Photo above: Child fetching water from the Pilot piped water system in Omot SC.

Rain water harvesting is a supplemental type of water facility, but is a preserve people who live in or own iron roofed houses. It is used to store water in times when it the area experiences rain, and is completely privately owned, accessed and controlled.



Photo above: Rainwater harvesting tank in Patongo TC



Photo above: Household tap water system in Pantongo TC

- **Well-water sources**

Wells are constructed and secured sources of natural water gotten from the underground. This water flows non-stop and is located mostly in valleys where the water table is high to allow for easy construction of the wells. Given the nature of terrain (valleys) where they are easily and mostly constructed, users of wells are often vulnerable and prone to attack and abuse, yet there are no closeby people near the valleys to offer social protection. These are mostly not manned or controlled but are maintained by village water committees. Anyone can access water from a water well anytime.

b) Sanitation facilities

i) Household sanitation facilities

Pit latrines are the most common sanitation facilities in both Omot sub-county and Patongo Town Council. From the findings, was noted that several households do provide their own latrines especially those that own their premises of residence. However, in urban centres like Patongo TC, more renting occurs and therefore many of the households depend on shared latrine facilities. One of the challenges with shared facilities was the uncooperativeness of the neighbors that leads to open defecation as elaborated by participants in one of the FGDs in Patongo TC.

“...yes because some people here in town who are having the pit latrine keep on locking it and they don’t want to share with other people”. (Participant, Patongo TC)

This was also the case with institutional latrines which were noted to be inaccessible to the communities elaborating that:

“...like the borehole, the community can use but for the latrine when the schools' fence you cannot use it. Like when the door of the toilet is locked they cannot use it, but when you go there to the corridor you find there is a lot of waste (fecal matter) there”
(Participant_FGD_Male Adolescents 15-19 years_ Patongo TC)

ii) Public/Institutional sanitation facilities

Public places include Markets and taxi parks for transport vehicles while institutions include schools, health facilities, police posts, lodging facilities, banks, and places of worship.

From the transect walk, it was observed that pit latrines were still the dominant type of sanitation facilities in public places.



Photo above: Public toilet in Patongo TC main market

Similarly, in Schools, lined drainable pit latrines were the most common type of sanitation facilities. However, for lodging facilities like hotels and guest houses in Pantongo, they mainly used the water collect and pour-flush latrines.



Photo above: School toilet in Omot SC

“....yeah we have a public toilet, but there is one in the whole park, then we have here in the market but the one in the market is like a drainable toilet but is not being drained on time, so generally the management is very poor. The one inside the park, and market you pay two hundred shillings. That one is also inside the park is a flushable toilet, it has the toilet and the bathroom” (Participant_FGD Male Adults _Patongo TC)

c) Hygiene facilities

i) Hand hygiene facilities



Photo above: Household handwashing facility in Patongo TC.



Photo above: Household Bathroom in Patongo TC with limited privacy

ii) Annal Cleansing materials

According to the FGDs and workshop, certain leaves are used for Annal cleansing after defecation. These were soft leaves and often used as toilet paper. The participants pointed to two particular trees or shrubs with wide leaves.

iii) Menstrual hygiene materials

From the FGDs and KIIs, it was noted that most women and girls in Omot and Patongo use soft cloth, cotton wool, and pads during menstrual periods. Among the pads, it was noted that some used reusable pads while others used single-use pads.

The choice of material to use often informed the disposal mechanism. However, the majority of them noted that they disposed of used material in the toilet while a few mentioned burying and burning. Some of those who mentioned soft cloth and reusable pad noted that they washed and reused.

It was mentioned in the adolescents FGD that:

“...Some people use clothes, handkerchiefs made in form of pads, pads especially the disposables.” (Participants, FGD_Female adolescents 15 - 19 years Omot SC)

It was noted that the disposal methods poses an opportunity for psychosocial violence and stress on the girls. The boys have a belief/perception (sometimes true) that when a girl delays in a latrine, then she has gone to dispose off her used pads. The disposal method is not appropriate and so is the disposal environment. This may encourage the girls to seek for other places to dispose their pads making them more vulnerable. One male adolescent noted that;

“....After using the pads they put it in the black polythene bag(kavera) so as no one can see it and they take it to the latrines for disposal or they go and dig somewhere and they put it in but in most cases, they put it in the toilet when you see someone has taken a lot of time in the toilet just know that she has taken something.” (FGD- Male adolescents 15 - 19 years- patongo TC)

4.5. The intersection between VAWG/GBV and WASH

4.5.1. VAWG/GBV and access to WASH facilities and services

4.5.1.1 WASH and sexual violence against women, boys and girls

The study results show that the most common type of violence related to access to WASH facilities is sexual violence to both girls and young women from both sub-counties. Sexual violence is in form of rape, sexual harassment by men and boys at the water sources and along the paths to the water points. Women and girls are raped/defiled in the bushes as they move to water sources as told by one participant.

“...for example, in the nearby village, a girl was going to the well but the well was far and two men who take cocaine carried her and took her to the bush and raped her badly in turns until the girl was helpless then they broke her neck and left her there in the bush and they searched for her only to find her rotting corpse. So, this served as a lesson to people in my village and the girls move in groups of 5 to 7 with older women and men to protect them to collect water in the evening at around 3pm and beyond that, no one walks alone to get water” (Male participant _community Workshop Omot SC)

This provides evidence that the source, driver and trigger of violence is actually drug abuse in this case, thus in order to address this form of SGBV, behaviour change interventions should target drug abuse, because it influences the perpetrators. It further shows that even with this incident, girls are still expected to be the ones to collect water, thus pointing to the influence of gender norms in relation to SGBV. Perhaps, addressing drug abuse combined with changing the gender norm of girls and women being the ones responsible for collecting water would greatly contribute to a reduction of SGBV in Omot and Patongo.

Another incidence of sexual violence happened in Awonodwe Parish in Omot sub-county. The CDO of Omot SC narrated an incident in which a woman was raped as she was coming from the well in Awonodwe Parish.

Thus from these two accounts, of GBV, the location of water sources some distance away from where people live and the lack of safety of the paths to water sources are key factors in facilitating acts of sexual violence against women and girls when accessing water sources. Transect walks in the communities show that some of the paths to water sources especially in Omot are surrounded

by bushes and they are not used by many people so potential GBV perpetrators hide along those paths to sexually abuse women and girls when going to /coming back from the water source.

Most water sources especially in Omot are located in isolated places, this provides a fertile ground for sexual harassment of girls by the boys. Since boys do not usually collect water, they wait for the girls along the paths to the water sources and subject them to acts of sexual harassment like whistling to them, bad touch, calling them names and when the girls resist these actions some boys assault them physically and push the water containers they are carrying to fall.

Sexual harassment against girls when going to or coming from a water source is not limited to Omot where the water sources are far from homesteads. Cases of such incidents were also reported in Patongo, though a peri-urban area with water sources closer to homes. An example of a case involving a boy pushing the jerry can from the head of a girl was shared in the community workshop for Patongo town council. It was narrated that that it happened as follows:

A boy aged between 15/16 years was conning a thirteen year old girl but the girl had refused the sexual advances of the boy. One day when she was coming from the water source with a jerry can on her head, she met the boy on her way home and he pushed the jerry can from her head and it fell. Actually this incident happened in front there, along this road where this building we are seated having the workshop is located, right in the centre of Patongo town council. (Female Participant, Community Workshop Patongo TC)

Another instance, where boys harass girls when carrying water is when they stop girls mostly pre-teens around age of 11-12 to give them messages to take messages about appointments when they will meet but the girl does not stop to listen to the boy. Under such circumstances, the boys push the jerry can from the head of the girl and it falls. The sexual harassment girls experience along the way to water sources or at the water points is also documented by another study conducted in Uganda (Asaba, 2014). This study indicated that many of the child participants especially girls admitted that boys insult them while queuing or drawing water from the water points.

The study also revealed that many parents don't take responsibility and/or action when their children report to them about cases or forms of sexual harassment by boys on their way to the water sources. Some of the accounts of women that have been kidnapped and raped on their way to and from the wells show that the culprits are often not brought to justice as they flee away. This denies the victims the needed punitive justice which could send a restraint signal to other potential perpetrators not to try it. The negligence of the parents to listen to their daughters and/or girls who report cases of sexual harassment needs to be addressed, otherwise, this practice will become normalised in the community and become hard to stop/break when it becomes entrenched as a social norm.

Some male caretakers at the water Kiosks do demand sex from women and girls who go to the water sources late, beyond 6:00Pm. Women who may want to collect water beyond 6:00Pm suffer from sextortion, which means that, where they are lured into sex if they are to be allowed to collect water.

Additionally, it was reported that the practice of sex extortion by male caretakers of water sources has always resulted into verbal and physical assault among women who were rivaling over the male caretaker. One of the cases reported happened at Ajali village and was shared by a female participant in the community workshop in Patongo. She narrates how 3 women rivalled on the caretaker of the water source. He often locks it early so that when women come to collect water in the evening they get the water source locked. The man demanded for sex favours from them if they are to be allowed to collect water. For this particular case, when the women learnt that the three of them had sexual relations with the same man (bore hole caretaker) they started inflicting verbal abuse against one another and that is how community members got to know of this issue.

“...I have ever witnessed an instance of buying water with the body (sexual intercourse), so there is a man who was attached to a certain borehole and that borehole, always by evening time it is locked, and then this is a scenario where it happened, the lady or woman can go and then request him to go and give her water, sometimes the man refused and she said, haaa you help me, I will give you what you want... that's the scenario. That man has slept with many women and girls in that area.” (FGD, Female, Patongo

There are scenarios where girls and boys share latrines especially within schools. This exposes girls to sexual harassment related to menstruation from boys. Some stubborn boys call girls nick names when they know that certain girls are in their menstruation period, while others can draw pictures on the blackboard depicting that some girls are in their menstruation periods. This brings traumatizes to girls and has resulted into some girls missing attending school during menstruation period and even some drop out of school because of the stigma associated with being in menstruation period at school. This situation is acknowledged by a report by WaterAid (2013), which affirms that adolescent girls in particular are disinclined to use school toilets that are dirty or lack privacy, especially when they are menstruating, and this affects their attendance.

The study also found out that COVID 19 Pandemic also increased the risk to sexual violence for women and girls in the communities when accessing water mostly in areas with limited water facilities. A participant noted:

“...in our village, we used to fetch water from the school but due to the Covid outbreak, the community was stopped from collecting water from the school so now we are fetching water from the well which is very dirty and are shared by animals. If you want clean water and you have the energy you can move for about two kilometres and the well is near a bush which can lead to rape. (Male participant, Community Workshop Omot SC)

During school closure following the two lockdowns, girls’ access to WASH facilities has reduced given that schools were closed so no one was allowed to fetch water from the schools. This resulted in overcrowding at the few facilities in the communities yet still very far in distance, which resulted in the perpetration of sexual harassment perpetrated against girls by older women and boys

Another context within which, sex-extortion is practiced by male caretakers of water sources is when some households fail to pay the mandatory fee for the maintenance of the water sources. In the community, each household that fetches water from the borehole is mandated to pay UGX Shs 1000 to 2000 per month to contribute towards the maintenance of the borehole. In Patongo town council where some households use tap water, a jerrycan is UGX 100= but some families find it

hard to raise money to buy for instance 4 jerrycans to take them through a day. Women lamented over this scenario as below:

“....you see here people pay for water per month, so when you do not pay you have to go and beg the caretaker to allow you to fetch without payment for some days. If the man is interested in the woman, he gives her water for free and begin demanding for other things like sex.” (Participant, Female FGD Omot)

“In addition, some of these people have disorganize many marriages, you will find that the man who is taking care of the water source is also doing other things and he is already in love with women around, because of the fear to pay for water the woman will accept. These things happens, water care takers normally vibe the women and others even end up settling with the man.”(Participant, Female FGD Omot)

“..... I want to add on what this lady has said because it happened in the village where I am leaving now. These people were neighbors with this man who was the water care taker. He started an affair with the neighbour’s wife and the only place they could meet was at the water area, these two men even wanted to cut each other with machetes, these things happen you people do not refuse.” (Participant, Female FGD Omot)

From the above quotes, it is clear that women from poor or financially unstable families are more prone to SGBV in trying to access water sources. We also see a clear linkage between sexual violence and physical violence in cases when men/husbands fight when their wives are sexually abused. Therefore access to water sources has a linkage to SGBV and propels violence broadly.

The study also revealed a linkage between WASH and early sexual debut. Findings show that the use of WASH facilities is used as an excuse by both adolescent boys and girls to indulge in sexual activities. Some adolescent girls and boys use the facilities as an advantage to engage in sexual activities which result in teenage pregnancies and HIV/STI infections. Collecting water and especially when the water source is far, is used as an excuse for being out of the home to engage in sexual relations along the way to the water source or near the water sources. Because some the

water sources are far from homes, it is difficult for the parents/caretakers to closely monitor the activities of the children at water points.

Terms of SGBV and sanitation, results show that shared latrines and bathrooms in rented houses also sometimes are used as shelters for sexual activity among children. Sometimes latrines and bathrooms can be used for sexual coercion and other times they provide a safe space and shelter where adolescents can have sex from, because they usually lack access to decent places for their sexual activities. Therefore, in addressing SGBV in such cases, there is need to draw a line between voluntary sexual relations and coerced sexual relations that happen in places reserved for sanitation and hygiene purposes.

The situational analysis of WASH facilities (section 4.4.1) shows that sanitation facilities in Patongo town council and Omot sub-county were not in good condition, but worse still in Omot, which increases the risk of women and girls to WASH related GBV/VAW. The risk to sexual violence associated with utilization of sanitary facilities was found to be considerably low for women and girls living in homesteads with a latrine in the premises because most latrines were constructed 30 meters or so away from the residential house. During day time the latrines were accessible. However, at night such a distance from the main house can cause a risk to GBV/VAW because the compounds are not well lit and the toilets did not have lights especially those in rural Omot. It also opens up an opportunity for adolescent girls to disguise and sneak out to engage in sexual activity because no one is likely to be watching them. Women participants expressed their fear of accessing latrines at night as indicated below:

“.... I wanted to say that, because you asked that how do we feel at day time when we enter there...I can see that at day time you are safe because no one can go there maybe to open but if you go there at night there and you are alone, and there is no one that have escorted you there.. you will not be comfortable there because it is at night time but at day time, you will be comfortable there.”
(Participant, Female FGD, Patongo)

... at night we go to the toilet but we ensure there is power... because there is that fear. (Participant, Female FGD, Patongo)

...sometimes you can even go with the torch. (Participant, Female FGD, Patongo)

The above quotes provide evidence that girls may fear to use sanitation services due to the underlying fear of falling victims to violent attack and conduct. This suggests that in some cases, access to WASH services and facilities is limited due to the fear of SGBV among girls and women.

It was found out that for many homes especially in Omot, latrines and bath rooms/shelters lacked doors and even those which had doors, the doors did not have locks. This jeopardised the safety of the users of the facilities especially women and girls at night. Potential perpetrators wait to sexually harass women and girls when it gets dark as they use the latrine or bathrooms.

Related to the above is psychological and emotional violence against girls and young women in Omot sub county and Patongo Town Council. Girls and women are forced to dig small pits near their homes/houses so that incase they want to defecate in the night, they don't have to go to the toilet because it is not safe. This has the potential of leading to fecal-born diseases, but at a personal level, it dehumanises and demeans young girls and women who have to go through this psychological stress. It is possible that even when they are using these small pits, their minds are not settled, thus a serious emotional issue.

.....but not only that madam, maybe when you fear the toilet, you go with a hoe, dig some pit,.. defecate there if you have diarrhea, and then you cover it. (Participant, Female FGD, Patongo)

..... you pick the hoe, but other people even just look for anthills, then she will wake up very early in the morning and go with the hand hoe and dig a hole to cover the waste, because she is always fearful not to be caught by the other members of the community. (Participant, Female FGD, Omot)

Women and girls in households living in rented houses faced a higher risk to sexual violence because of shared sanitation facilities including both latrines and bathrooms. There are some few households who shared latrines but living in their own premises because it is expensive to construct a latrine in both Patongo and Omot due to the land terrain in this area. Participants also explained that the soil is watery so construction of latrines can cost up to UG Shs 1,000,000= which is quite expensive for most families in a rural setting like Omot. Therefore, the risk to GBV/VAWG during

use of sanitation facilities increases in instances where even families living in their own houses share latrines with neighbours. Lack of locks on the latrine doors for some households worsens the situation. When asked what happens when they are sharing a latrine with neighbours and the latrine does not have a lock. Participants responded that it is easy... as you try to go, the person inside can make a sound by correcting the voice or they can knock the curtain and you can know that a person is inside. This puts the users of the latrines in such a poor condition at risk of sexual violence.

4.5.1.2 WASH and physical violence against women, boys and girls

Utilization of water sources is also associated with physical assaults and verbal abuse among those who go to fetch water. Due to limited water facilities in some villages a water source serves more than two villages especially if the water is safe for drinking. Such water sources normally have long queues and in practice, some elderly women want to bypass those they found already in the queue/line. The social norms dictate that children are not expected to go against what elders say regardless whether it is acceptable and realistic or not. Some girls and boys choose to go against the norm when they see older women by-passing them and jumping the queue, the result is verbal abuse that leads to scuffles for water, hence violence. While it is expected that access and use of water resources will be done equitably and equally, the social cultural norm even among older women is that they are allowed to take priority ahead of young people, thus defeating these principles. It can therefore be argued that in an effort by the young girls to seek equity and equality in accessing water resources, physical violence ensues. This confirms that there is an intersection between water resources and physical violence between young girls/women and older women in trying to access water.

The study found out that access to and utilisation of WASH resources was linked to physical violence. According to the Acholi social norms, women are supposed to be confined to the home. This is because Acholi community is still a patriarchal society where culturally men have control over women's mobility as a means of control over women's sexuality. It was indicated in FGDs, KIIs, IDIs and community workshops that most men in both Patongo and Omot do not want their wives to be out of the home for long hours so when the women stay away from the home when they go to collect water, this ultimately results in physical violence from the man, verbal abuse

and accusations that the wife has extramarital affairs. This is further illustrated by a scenario that happened during the workshop. In Omot Sub County, during the workshop, a young mother of twin boys expressed fear about returning home late because she would be beaten by the husband for being away from home for long hours. This is related to findings of a literature review (Sommer et al., 2014), which echoes similar experiences of women in access to and use of water facilities. For instance, this study indicates that in rural Ethiopia women experienced multiple types of GBV related to WASH facilities including tension with husbands over the amount of water they brought home and domestic violence over water.

It was discovered that sharing toilets in rented houses exposes some girls to verbal and physical assault by boys when the girls are in menstruation. Those who have just started menstruation usually stain the toilet with blood because they have not yet learnt good menstrual hygiene. A female Key informant respondent who is the LC1 chairperson for Forest cell in Patongo TC revealed that a case involving verbal abuse and threats of physical assault was reported in her area of jurisdiction. She concurred that some households are sharing toilets especially those in rented houses but further noted that even some rental houses do not have latrines so the landlord/lady negotiate with his/her neighbour to allow the tenants to use the neighbour's facilities at a fee of about UGX 10,000= (equivalent of about USD 3). She also noted that some GBV/VAWG cases have occurred because of such arrangements. She narrated a case of a young girl of 13 years who faced GBV related to menstrual hygiene in her community at Forest cell. She shared with the researchers what happened as follows:

“This case I am talking about happened on June, 2020 when the girl went to use the latrine at a neighbour’s home while in her menstrual period. As she urinated some drops of blood dripped on the floor of the toilet and she did not look back to check whether she left the toilet clean. Immediately she left the latrine, a boy entered to use the toilet. When he saw drops of blood on the floor he came out and shouted at the girl to go back to the toilet to clean it and he even wanted to beat her. The girl did not know what had happened and went to the mother crying. The mother of the girl abused the boy for terrorising her daughter and when the mother of the boy heard that this woman had abused

*her son she also abused the mother of the girl” (Respondent, female
LC1 Chairperson Patongo)*

Though such incidences of GBV/VAWG like the one depicted in this quote are not so common in Patongo and Omot, there are some girls who have experienced physical, emotional and sexual harassment related to their menstruation.

4.5.1.3 WASH and Psychosocial/emotional violence

Sanitation facilities without doors or which have door that do not lock compromise the privacy of the users and this affects mainly women and girls. It brings psychological stress to them when using the facilities during both day and at night. It is difficult for the women and girls to have peace of mind when using the toilet or bathroom because they are on tension that their bodies are being exposed. This fear is deeply rooted in societal attitudes and cultural perceptions about men’s and women’s bodies. Culturally in most African communities, society tolerates to see a man urinating along the road but not a woman who does the same. Female sexuality is defined as private and secretive because of the maternal role of women. Hence women feel so insecure when they use sanitation facilities which expose their bodies (Sommer et al., 2014).

Similarly, latrines for some schools were located far away from the administration blocks and classrooms, while others did not have doors and locks or the doors were broken and had not yet been installed, which posed a risk to girl children as their male counter-parts or strangers could attack them and it would be difficult to make an alarm and get quick rescue. Some school sanitation facilities had a provision for a ramp for children with disabilities but the way to the latrines and the bush surrounding the facilities made the facilities inaccessible and also posed risk to violence for female children with disabilities.

Limited WASH facilities are a hindrance to menstrual hygiene among girls and women

It was revealed that when a girl is menstruating it is very hard for them since there are no latrines or bathrooms in some homes. This leads to shame since sometimes the girl who is in her period may go to the neighbour’s latrine to ease herself and when the blood drops in the latrine floor, it

may cause conflict among the neighbours since this is considered another expense for the neighbour who has to clean the latrine. Culturally, there is stigma surrounding menstrual blood. It is considered taboo for a woman's menstrual blood to be seen by other people especially men. It is also believed that if a 'bad person comes into contact with that blood she/he can bewitch the women/girls in menstruation and she does not give birth.

"...our toilets here in the village are not cemented and there is no way to wash the blood away so she needs to use a hoe to remove the stained floor, which annoys the owner of the latrine, he may call her and talk to her but it psychologically tortures the girl." (Female respondent, Community Workshop Omot)

In addition, in schools, there are limited facilities like the changing rooms for the girls and shared latrines with the boys which are not hygienic for the girls during their menstrual cycles. Additionally, parents were also reported as perpetrators of VAGW, and this has roots in failure to provide for the girl's sexual reproductive concerns and needs. Girls actually fear to ask their parents for this kind of support. Parents are not failing to provide the needed support and this makes girls more vulnerable to consenting involuntarily to sexual encounters with men and boys who can help them buy the menstrual pads. One participant narrated how parents react to requests like these thus:

"I am tired of you go and get married in your own home and that you should not be asking them money especially for buying pads and he tells you that you are making noise for them." (Female FGD participant, Omot)

... in schools, the toilet stances may not be enough for both boys and girls so the boys just enter girls' toilets when their side is occupied (Participant, Male Adolescent FGD Omot participant)

The experiences of GBV/VAWG by women and girls in the access to and use of WASH facilities and services documented here indicate that poor access to safe Water, Sanitation and Hygiene (WASH) services, whereas not the root cause of violence, are facilitators of violence as they

exacerbate the vulnerability of women and girls to violence. The findings of the study indicate that access to and use of WASH facilities is not a significant cause of GBV/VAWG in Patongo and Omot. The limited WASH facilities in these areas is a risk factor to GBV/VAWG for women and girls.

4.5.2. WASH and community wide violence

While we appreciated the person centeredness of VAWG and SGBV, we also sought to understand violence from a community level lens so as to learn more how community systems are related to violence.

Limited WASH facilities/services can create conflicts among people in the community which can trigger off violence. Use of WASH facilities by men and women and across different social groups may differ as their needs for WASH facilities like water sources may also vary. For example, while women mostly collect water for domestic use as dictated by gender norms, men who collect water usually use it for commercial purposes such as selling it to earn money, watering crops, for animals or brick making. This gives rise to conflicts over the use of these resources that can result into verbal abuse and fights among the users of the facilities. One respondent noted thus:

“Hygiene at home like sweeping the house, washing clothes, washing utensils, sweeping the compound is for women and men rarely do this’ ‘But according to tradition cleaning the home is for women.” (Male respondent, Omot)

From the above quote and explanation, it is important to note that social norms around WASH activities at household level are entrenched and are in part linked to the VAWG and SGBV that women face in Omot SC and Patongo TC. Therefore interventions to address SGBV should integrate social norm transformative approaches for greater success.

Institutional WASH facilities are also a ground for conflicts between the members of the institution and the community members. Findings indicate that community members who do not have latrines in their homes sometimes want to use those of at educational institutions but then they are not given free access to such facilities by the school administration, which usually brings friction between community members and the school administrators. This is a pointer to the

inadequateness of WASH facilities at household level. There is need to study why this is the case, to diagnose whether it is a behavioural issue or structural or an issue related to household income and economics.

Though most schools allow community members to access water sources at the school, sometimes conflicts develop in the use of these as community members struggle with school children when collecting water from boreholes at school. Definitely, the losers if there is no regulation are the children because they are weak and vulnerable.

As narrated by the participants some violence is associated with WASH facilities most especially water access facilities. It manifests in form of physical violence and psychological torture like verbal abuse where communities fight with school children coming from schools without boreholes, as observed in Omot Sub County. Also the older women want to be the first ones to fill their containers. In some instances, they send away school children and deny them collecting water. There could be need to examine this aspect deeply to understand if there are any age related social norms and expectations that entrench this practice that can potentially cause violence. The village boys also send away the young school children especially girls by shouting at them and they also want to have sex with them.

An analytical look at the “water access time/duration factor” links it to violence against women and girls. The time taken to access and/or fetch water has a causal relationship with VAWG in Omot. Because of the scarcity of water points and high demand, there are always long lines at water points, which makes girls and women to wait longer to get water. The result is gossip, rumours, suspicion by their husbands (because women delay at water points in the line) leading to beating, abuse, but also, it can make young girls go back home late when it is dark making them vulnerable to sexual and physical assault along the way back home. One male participant noted that:

“...then also secondly, another problem that can cause violence is when a woman or girl goes to fetch water, due to the limited water sources, she will get very many people and they will sit and start discussing some other irrelevant things, e.g. rumours, and yet your wife or girl would have been brought uprightly, but at the water source, she will start to get influenced by other people and starts

misbehaving, those are the problems they encounter” (Participant, Male FGD Omot)

Under such circumstances, conflicts develop among the community members as the men pinpoint fingers at some women that they are the ones spoiling their wives. Additionally, conflicts will emerge among women because of the rumour-mongering at the water sources. However, contrary to this, water sources have also been viewed as spaces used by women to interact with fellow women to share their experiences as women do not usually have leisure time to socialise in evenings outside the home as men do.

Therefore, the study has revealed that some of the violence in Patongo and Omot is related to access to and utilisation of WASH facilities although more indirectly.

Culturally in most African communities, society tolerates to see a man urinating along the road but not a woman who does the same. Female sexuality is defined as private and secretive because of the maternal role of women. Hence women feel so insecure when they use sanitation facilities which expose their bodies.

Similarly, latrines for some schools were located far away from the administration blocks and classrooms, while others did not have doors and locks or the doors were broken and had not yet been installed, which posed a risk to girl children as their male counter-parts or strangers could attack them and it would be difficult to make an alarm and get quick rescue. Some school sanitation facilities had a provision for a ramp for children with disabilities but the way to the latrines and the bush surrounding the facilities made the facilities inaccessible and also posed risk to violence for female children with disabilities.

Limited WASH facilities are a hindrance to menstrual hygiene among girls and women

It was revealed that when a girl is menstruating it is very hard for them since there are no latrines or bathrooms in some homes. This leads to shame since sometimes the girl who is in her period may go to the neighbour’s latrine to ease herself and when the blood drops in the latrine floor, it may cause conflict among the neighbours since this is considered another expense for the neighbour who has to clean the latrine. Culturally, there is a stigma surrounding menstrual blood.

It is considered taboo for a women's menstrual blood to be seen by other people especially men. It is also believed that if a 'bad person comes into contact with that blood she/he can bewitch the women/girls in menstruation and she does not give birth.

"...our toilets here in the village are not cemented and there is no way to wash the blood away so she needs to use a hoe to remove the stained floor, which annoys the owner of the latrine, he may call her and talk to her but it psychologically tortures the girl." (Female respondent, Community Workshop Omot)

In addition, in schools, there are limited facilities like the changing rooms for the girls and shared latrines with the boys which are not hygienic for the girls during this period.

"..in some schools, the toilet stances may not be enough for both boys and girls so the boys just enter girls' toilets when their side is occupied" (Omot participant)

Such scenarios where girls and boys share latrines at school expose girls to sexual harassment related to menstruation from boys. Some stubborn boys call girls nick names when they know that certain girls are in their menstruation period, while others can draw pictures on the blackboard depicting that some girls are in their menstruation periods. This brings psychological torture to girls and has resulted into some girls dropping out of school.

The COVID 19 Pandemic has increased the risk to sexual violence for women and girls in the communities when accessing water mostly in areas with limited water facilities. A participant noted:

"...in our village, we used to fetch water from the school but due to the Covid outbreak, the community was stopped from collecting water from the school so now we are fetching water from the well which is very dirty and are shared by animals. If you want clean water and you have the energy you can move for about two kilometres and the well is near a bush which can lead to rape." (Male participant, Community Workshop Omot SC)

During school closure following the two lockdown the country has had, girls' access to WASH facilities has reduced given that schools were closed so no one was allowed to fetch water from the schools. This resulted in overcrowding at the few facilities in the communities yet still very far in distance, which resulted in the perpetration of psychological and sexual harassment against the younger girls by older women and boys respectively.

4.6. WASH, VAWG/SGBV and Harmful Social-cultural Norms in Acholi Community

4.6.1 Social Cultural Norms surrounding pregnancy and menstruation

The major cultural belief emphasized is the norm surrounding/associated with pregnancy and menstruation. In the Acholi culture, pregnant women culturally do not use latrines because it is believed that when ash is poured on faeces the baby in the stomach may die. It is important to understand that ash is a means of covering up faeces after defecating so it helps control the spread of diseases from the faeces. Others however say that pregnant women should not use pit latrines because the baby will fall into the pit latrine.

”pregnant women are not supposed to use the pit latrine because the baby will fall into the latrine”.....While girls are having their menstrual periods, it is believed that they are unclean so they should not touch food that is meant for every one. It is also important to note that during menstruation as told , most girls are desisted from going to the water sources. (Adolescent female Patongo subcounty, FGD).

This kind of belief desists women from accessing the latrine which promotes bad hygiene because they will end up using polythene bags which are later thrown in the nearby bushes/ forests.

Culturally, sex is also used as a form of negotiation and conflict resolution as told by participants. It was noted that in case of a conflict, it is culturally acceptable for sex to be used for negotiation especially after conflict. Men also believe that sex is a solution after a household fight. Traditionally, solving conflict is through beating, If the wife is found to be guilty according to the judgement of the clan meeting she receives 6 strokes while if it is the husband in the wrong, he receives 12 strokes. This has remained the same today.

The study also showed that some normative social cultural practices deprive women their rights and comfort of freely access WASH services. For example, it is held true that if a woman who is in her menstruation period touches a baby, it will fall sick and develop body rashes. This cultural belief stigmatises girls who are in their menstruation and leads to psychological stress because it means that other family members can identify you by your refusal to carry a baby, and can use it against you as seen in the examples earlier where boys stigmatise girls who are in their periods. One participant noted that:

“A woman in her menstruation period shouldn’t touch a baby, unless she’s done with her periods, because it’s said that the child develops body rashes, that eventually turn into rashes, so that makes them not touch babies, that’s according to me. Another one is that a woman in her period should not go into a groundnuts garden, that because the groundnuts will not yield, that’s what is said and that’s why the elderly ladies are the ones preferred to go and weed groundnuts gardens. Then when there are functions, they are also not allowed to attend, they are told to remain home until they finish their periods.” (Female respondent)

This therefore suggests that if a woman (married or in union) wants to go for social function when she is in her periods, she has to go against the norm and conceal the fact that she is in her menstruation periods. The possible result is that her spouse who is also influenced by that norm may misunderstand her when later in the day when she “rightfully” denies him sex yet they went for a social function together. Whether she decides to speak out or keep quiet may lead to physical, sexual or emotional violence between that couple. As earlier noted, in Acholi and many African cultures, it is an abomination for a woman to refuse sexual demands from her husband.

Beating a woman was also earlier identified as a descriptive norm, because it is common, most men do it and it is not news that a man has beaten his wife in Acholi-land. This therefore explains why women have fear and psychosocial stress whenever they go out to fetch water. They are caught between two choices; a need to go get water for domestic use (which is a gendered role) and being beaten by their husbands or labelled when they delay to bring water due to long lines. This causes emotional violence to the women in Omot sub county and Patongo TC.

There is a conflict in the conformance to some social norms. First, access to the bore holes is gender normative because they are largely for domestic related water use and women are role bearers for domestic work. However, in Acholi, women are supposed to be confined to the home and not move yet they are expected to fetch water from water points for domestic work. This also makes it hard for women on which norm or tradition they choose not to conform to, because either of them has violent sanctions for example beating if you fail to cook, wash or if you delay at a water point. There is need to use gender transformative approaches in addressing these norms for the well being of girls and women in Patongo TC and Omot sub county.

4.7 WASH related consequences for girls and women.

Several consequences of GBV on the victim/survivor were mentioned and these were:

School drop outs: Increased school drop out occurs and this leads to early marriage among the young girls as discussed by the CDO. The most common after effect of rape is a forced marriage that will happen to the victim.

“Although cases are handled at the police then at the health centre level, the victim after rape may not be able to continue with her education due to shame and shyness surrounding her circumstances.” (CDO, Omot subcounty)

“The girls are raped by boys at the wells and what this violence is doing to girls, it making them drop out of school, for example if a child is raped, you know girls are shy, so to make her go to school and fellow students are laughing at her, it makes [her] uncomfortable. She will say that whenever she goes to school her fellow girls start laughing at her, that is what VAWG is doing to the girls and women. (KII Omot subcounty, CDO)”

In addition, as shared by a healthworker, these girls end up giving birth after rape so they can not go back to school.

“.....oh yes..arrhhh, there are, there are cases, where rape takes place, because these young girls when they go, when they go for.. to fetch water, the distance, you find these boys waiting for them at the road side and just to take that opportunity of her leaving the home, so arrrh at the end of the day you find this... at the end of the day you find they have raped the girl, so the issues reach the police and the police refer with the police form,

taking to the facility and then the issue is handled but the girl can never continue with school so she becomes mother”(Health officer, Omot HC III) “

This kind of situation is a clear indication of the increased drop out of girls at school as a result of rape at the wells/ water collection points. Consequently this will automatically increase the number of child headed households and its negative effects.

In addition, drop out is also accelerated by the fact that the water sources are far away like in Omot Sub-county, the girls may miss school to fetch water since the participants said that the water sources are two to three kilometres, this means the girl has to walk two to three kilometres for water then come back to do house chores hence making her very tired to even think of going to school. All these will eventually result into school dropout, poor academic performance hence early marriages and resultant child headed households. All these consequences eventually lead to socio stigma especially among the victims and the survivors.

Conflicts and fights: Shared WASH facilities are not only at school or during camps but also in households where a latrine is shared by at least 2 families. This not only causes diseases but also conflicts and fight because no one wants to clean the facility.

Divorce: Divorce in marriages was another consequence as mentioned by the participants. As narrated by the participants so many fights happen at the water sources which constitutes different forms of GBV like physical fights and verbal abuse. When a man discovers that this wife had a sexual affair with a water source caretaker, there is erosion of trust and divorce becomes inevitable.

Physical assault and violence: There are several accounts of physical abuse of girls and women as a result of challenges related to access and use of WASH resources. Some of the respondents experiences as shared during the FGDs are:

“My cousin’s sister went to the well to fetch water and while on her way back, her brother met with her on the way and started beating her that she did not cook for him food and that she delayed in the well. (FGD respondent)

Rape: Women have been raped either on their way to or from fetching water as reported in several FGDs and discussions. Men and sometimes boys wait at sparsely populated and unsafe zones along the routes to water points waiting for girls and young women to lure into sexual activity. In

cases where there is resistance to give in, the girls/women are raped as reported by one respondent thus:

“My neighbor went to fetch water but since there were many people she came back at 10:00pm and was kidnapped by some boys who later raped her and they ran away not arrested” (adolescents FGD Patongo, 15-19 years female)”

In addition to the frequent fights and conflicts, it may result into disintegration of once Peaceful family as told by the police officer in Omot subcounty

“”Yes families share latrines. There was one case which was very funny, these were women of one man, one decided to beat her co wife because of going to her toilet. So they reported an assault case here because it ended with a fight. But when I was taking the statement I learnt that one was beaten because...”

I: *So was she beaten seriously? By the time they come to report to police then...*

R: *The degree, yes it was, the woman had bruises. Because you are helping yourself then somebody comes and pulls you from there. You are halfway naked and somebody really manhandles you.*

I: *So these people were staying in the same compound?*

R: *Yes they were in the same compound but you see with co women because you ask yourself if you are sharing a man why not a toilet? It is something very funny and the family now is no more yet they were once happy”’ (KII Police officer, Omot subcounty).*

These experiences clearly show the level of violence against women by men which results into divorce and familybreak ups.

Dismissal from school and/or imprisonment: Most of the boys who humiliate the girls in school are punished or even dismissed from school according to the participants in Patongo Town council. For the cases of fights at the boreholes to fetch water before the person who was there early as mentioned by the participants in Omot, it can lead to sending the perpetrator to jail or imprisonment if the victim is hurt or sustains injuries in the process of fighting.

Psychosocial distress: Victims develop feelings of regret, low self-esteem and isolation in community, suicidal thoughts and behaviour. Other consequences include rejection by spouse and

children, family break-up in case of imprisonment, sale of property to raise legal fees/fines and imprisonment. The most pronounced consequence of violence to the perpetrator is imprisonment or community service.

Isolation of water source caretaker/perpetrator: One positive effect is that when a caretaker at the water point is known as a sexual abuser in exchange for water, as hinted by participants in Patongo Town council, it tarnishes his name/ image of that parish or community since most women may not be willing to go and fetch water from there. In some cases, when men in the community hear that their women went for water from that place they can be violent since they may be expecting that their women have been also sexually abused. This can lead to the non-use of a functioning water source, which is a loss to the entire community. Adolescents in Patongo clearly shared experience of how they no longer use some facilities because of sexual violence by the caretakers

“... ..Yes, especially for those girls whose parents take long to pay the water user fees and so they have to go and beg water from the caretakers. They even tell you that it doesn't matter even if you have not paid for the water. They can even start asking you of anything good and when you say that there is nothing, they tell you that you have many good things on your body. Some of us don't fetch water any more because of that”(Adolescent girls, Patongo TC)

Domestic violence disrupts peace in the community because neighbours have to intervene to settle family disputes from time to time. This is because of the WASH cases like the one shared above, parents and community members spend so much time trying to put the perpetrator to jail other than doing some constructive work like farming and business. There is also a heavy cost involved.

Section five: Synthesis of the findings

5.1. Introduction

This section presents a synthesis of the findings by the consulting team in light of the objectives of the study and literature at hand as well as the expert opinion of the team on the findings presented in section four. The study explored the connections between availability and accessibility of WASH and VAWG/GBV in Patongo Town Council and Omot Sub County in Agago district. The specific objectives were to: explore the decisions that govern access to control over WASH services and facilities both at community and household level; find out if women and girls experience violence and problems in the use and access to WASH facilities; understand the kind of violence experienced by women and girls and how it is related to harmful social-cultural norms; and explore the consequences of the violence experienced by women and girls in relation to the availability and accessibility of WASH facilities.

5.2 Current Situation of GBV/VAWG in Patongo and Omot

GBV/VAWG is rampant within the study areas and it manifests in various form including physical, sexual, psychological and economic violence. The most prevalent types are domestic violence mostly physical assault, extra-marital relations/polygamy and economic violence, and sexual violence in form of defilement.

There was a vivid understanding of GBV/VAWG among the communities visited in both Patongo TC and Omot SC. GBV/VAWG was understood as acts inflicted on someone forcefully against their will by a person who is more powerful or in apposition of power. However, the community had also expanded the meaning of GBV/VAWG to include acts disrespect for men perpetrated by women, thereby leading to a conclusion that the behaviour of women towards their husbands can incite violence.

Contrary to the practice in other areas of Uganda such as the Central, Western and some parts of Eastern Uganda where men beat women but the women do not fight back, in Patongo TC and Omot SC women also beat men and sometimes they are the ones who start the fights. This was

attributed to alcoholism among men which makes them weak and can be beaten by the women without retaliation by the men and extra-marital relations by men. Another reason for women beating men given was the economic empowerment of women where women who are working and earn more money than their husbands have acquired more decision-making power in the home and when the men complain about their spouses' behaviors the women beat them. However, it should also be noted that the LRA war in Acholi region generally weakened men's power and their control over women. During the war many men died or went to war and never came back so women managed homes single handedly which made them to start income generating activities to earn income to provide for their families. Thus, women emerged a stronger force during the post-conflict period who could take on some of the previously male roles like heading households. We therefore argue that violence against men is a precipitator for GBV and violence against women and the reverse is also true.

The role of parents in promoting GBV to both girls and boy children in Patongo and Omot is evident and should be given attention. Most of the forms of GBV perpetrated against children happened in the domestic space controlled by parents. Various forms of GBV/VAWG are inflicted on girls; discrimination in form of son-preference, denial of basic necessities like food, medical services, clothing and sanitary materials, defilement, early/forced marriages and transactional sex. GBV against boys included sexual assault by older women who coerce them into sexual relations from approximately 15-17 years using gifts and money, parents pushing them into early marriage and denial of basic necessities by parents such as food, clothing and medical services

Co-occurrence of multiple forms of violence at the same time is a key highlight of GBV in the two study areas. The evidence showed that alcoholism cause economy-centric violence, leading to physical violence to forcefully, and without consent have sex with a wife/partner who is not interested. This leaves the woman emotionally and psychologically hurt, hence violated. Therefore, in most cases, multiple forms of violence co-occur to the same person on the same occasion.

Social acceptance of GBV/VAWG is wide spread in both areas due to social perceptions in the Acholi community which regard women as men's property due to the low status accorded to women and girls in society and payment of bride price by the man's family to the wife's family upon marriage.

There are several factors driving the high prevalence of GBV/VAWG in Patongo and Omot ranging from alcoholism among men and some women, polygamy and infidelity by both men and women, negative social norms about the status of women and girls in society more especially bride price, sale of family property and items like cattle, goats, chicken and farm produce by men and spend all the income without sharing with their wives, poverty and unemployment among men, strong patriarchal system in Acholi community, widow inheritance and internationalisation of labour.

A critical analysis of these factors that are causing GBV in the study areas indicate that the factors can be categorised as underlying causes and the drivers or triggers of GBV. Although alcoholism, inadequate income, parenting practices, violence against men and sale of household property and agricultural produce by men seemed to be the major causes according to the participants, these factors trigger violence but the major underlying cause of GBV in Agago is the strong patriarchal system in the area which is reinforced by the socio-cultural norms that define male and female gender identities in the community. Other causes like men's unemployment, polygamy and/or extra-marital relations are also driven by socio-cultural norms that accord men a higher status in marriage than women and an upper hand in family decision making processes.

5.2. Decisions governing Access to and Control over Wash Services and Facilities

Access to WASH services is greatly influenced by societal beliefs and norms especially by vulnerable key populations, and the alternatives present risks that expose young women to GBV across the two sub counties. One of the normative beliefs is that ***“Acholi pregnant women are not supposed to use pit latrines because the baby will fall in the latrine...”*** Such society norms directly limit women's access to WASH facilities and end up visiting bushes from where they encounter physical violence or even sexual assaults from the men. Therefore, to understand WASH service use patterns, it is important to use a normative behavioural lens.

Women as key users of water sources have a limited opportunity to influence decisions on the type, number and location of water sources in the community. Though, one of the major roles of the water management committees in the community is to gather the views of community members on suitable locations of water points, it was apparent in the study that women's concerns rarely given the attention they deserve and forwarded to district water directorates for consideration. The

study established that in both Patongo and Omot women's representation on water management committees is low. Membership on these committees is predominantly male which limits women's participation in decisions governing water facilities at community level. As a result, women's concerns and interests related to water provision such as short distance to the water source, clear paths leading to the water source and use the water source with ease are usually not taken care of in water programming at district and sub-county levels.

Decisions about management of WASH facilities at household level, are gendered with a clear dividing line between the responsibilities of women and those of men. Decisions about the location of the latrine, is a responsibility of men being the household heads and the owners of the land on which the family lives. Construction of the latrine especially digging the pit is also a responsibility of the men as the task of digging the pit is tedious and requires physical strength which women usually do not have. On the other hand, if the man is unable to do it then he hires other men to do it but this involves money and in most cases it is the man to pay for the hired labour. Women and girls are mainly responsible for cleaning the sanitation facilities, which task falls under the reproductive roles of women within the home.

Power dynamics and access to WASH services and facilities are interconnected. Culturally, in Acholi, Men control the mobility of their women and young girls. Women and girls are physically abused by their husbands when they are away from home for long hours yet most times, women take long at the water sources due to the long queues and few water sources. They are caught up between the desire to get the water to care for the husband and the fear of reprimand or physical violence because culturally, men sanction the movement of their wives. For co-existence of WASH and GBV free society requires interventions that transform social and gender norms as practiced in Acholi land.

5.4 GBV/VAW and Access to WASH facilities and services

Transition from childhood to adolescence and the associated body changes and needs has a relationship with WASH-related GBV among young girls. This is a period where girls transition into menstruation, and WASH services become a requirement for them, but also increases their vulnerability to age specific GBV. In Acholi, women are considered dirty while in their menstrual periods and most women face psychological and emotional torture, they have to use communally

shared latrines which in most cases do not have shelters or doors for them to safely lock themselves before usage. When water is inadequate, the girls and young women can't clean themselves or the toilet which further exposes them to violence. Therefore, because they are considered dirty in that period, they face discrimination, and are exposed to poor hygiene and related health conditions/diseases. The discrimination is so bad and has deep rooted negative beliefs as one respondent noted thus:

“Another one is that a woman in her period should not go into a groundnuts garden, that because the groundnuts will not yield, that's what is said and that's why the elderly ladies are the ones preferred to go and weed groundnuts gardens. Then when there are functions, they are also not allowed to attend, they are told to remain home until they finish their periods.” (Female respondent)

There were several water facilities in the study areas and these included boreholes; Tap water system that provided water connections to Households, institutional premises; public water kiosks; and springs/wells.

With regard to sanitation facilities, pit latrines are the most common household sanitation facilities in both Omot and Patongo. Several households own a latrine especially those that own their premises of residence. However, some households find it difficult to construct a latrine because the type of land terrain in the study areas makes it expensive for some households to afford the costs of construction of a latrine, and therefore many of the households depend on share latrine facilities. Sharing of toilets increased the risk to sexual violence for women and girls as most facilities lacked doors with locks and some did not have lights.

It is evident in the study that GBV/VAWG is highly prevalent in the study areas. Poor access to water, sanitation and hygiene, whilst not the root cause of violence, can exacerbate the vulnerability of women and girls to violence. The study established that access and use of WASH facilities is a driver of GBV/VAWG in Agago district.

Women and girls experience of GBV in the access to and use of WASH facilities and services. The most common type of violence experienced by both girls and women is sexual violence in

form of rape, defilement and sexual harassment; and physical assault against women by their husbands on accusation that they spend much time out of the home when they go to collect water. Collecting water for household use being predominantly a feminine task, pre-disposes women and girls to risks associated with access to and use of WASH facilities. Sexual violence mostly happens at the water points and along the way to and from the water sources. The long distances and in some cases isolated and bushy paths women and girls walk through to water points put their safety at risk as these usually harbor perpetrators of sexual violence. This explains the high incidences of acts of sexual harassment perpetrated against girls at water points as indicated in the study.

Women's absence in the governance of WASH facilities in the community, especially water sources puts them and girls at increased risk of sex-extortion from male caretakers of water facilities. According to a report by the Water Governance Facility, 2020 women can also feel pressured to flirt with water utility workers to prevent their connection from being cut off. And cases of coercive sex in exchange for water have been reported in Kenya, South Africa, and Colombia. (UNICEF Report, 2021). This finding is similar to the study findings in Omot and Patongo communities where some women use sex as an exchange for WASH facilities. In addition, even if an assault doesn't take place, the fear of it can prevent women and girls from using facilities.

Another form of GBV related to access to and use of WASH facilities that women suffer is domestic violence. Findings from the study indicate that domestic violence is the most common form of GBV/VAWG in Patongo and Omot. The scarcity of water in these areas makes women delays at water points, which for some women results into domestic violence in form of wife battery and verbal abuse.

To a greater extent, the sanitation facilities both at household and institutional level did not meet standards of adequacy and safety, which increases the risk of women and girls to sexual violence during the access to and use of the facilities. Most of the latrines at institutions and in homes lacked doors and those that had doors, the doors did not have locks, which put the female users of these facilities at risk of sexual violence especially at night. The distance between houses and pit latrines/bathrooms was observed during the transect walk as very far and the area around the

facilities does not have enough lighting in most homes. As a report by UNFPA (2021) notes that searching for an outside toilet in the dark, not having gender segregated facilities, lockable doors, or a hand washing facility without a light jeopardizes the safety of female users. Shared sanitation facilities like latrines, was considered to be posing a high risk to sexual violence for women and girls.

5.5. Management of GBV/VAWG Cases

GBV cases are resolved at different levels including family, clan leaders, Local councils, police and courts of law depending on the severity of harm involved in case of physical assault and how grave the case is. Most domestic violence cases are managed by clan courts as this structure is highly recognised within Acholi community. It is mainly defilement cases and serious cases of domestic violence where death is involved or grievous harm is inflicted against the survivor that are reported to police.

6. Conclusion and Recommendations

6.1 Conclusion

Social behavioural norms and values dictate access to and use of WASH resources by girls and women in the two sub counties. There is evidence of over exploiting cultural norms and practices like bride price that were hitherto mutual, and essential for harmony and reflected respect and high value for the woman. This has now changed and used to mean acquisition of a woman, not much a wife, but as property. Most violence related to power and cultural factors is due to a new and/or old understanding that women are purchased using bride price, and therefore are expected to bow to their husbands needs.

Household economics and different viewpoints between men and women on the value of water points can't be ignored when talking about WASH related GBV. The monetary value attached to water relative to scarcity/few water sources, and low or no income (because many men are unemployed) makes men look at water sources as a means of livelihood, and this explains what they over dominate women and girls in accessing water points. On the other hand, we argue that women for fear of physical and emotional violence, they have to cook and prepare tea and have water for their husbands – so this places them on the frontline ready to confront other men rather than annoy their husbands or lose them to co-wives or be violently treated back at home.

While violence against women, girls and gender-based violence leaves women more adversely affected and wounded, they play a part in precipitating worsening the situation because they too exert violence against men. This post war linked, power-shift or power-drift in favour of women could be a very important lens needed to deeply understand VAWG and gender-based violence in Acholi region. It could explain why violence against men is more pronounced in the northern region.

There is an indirect but strong relationship between parenting practice and GBV among children both girls and boys in Patongo and Omot study areas. While it is mostly externally motivated, the internally originated practices at household/family level of son preference, forcing girls to get married early among others shows that GBV needs to be approached using norms transformative approaches and tools to deconstruct gender biased belief systems among parents.

Gender based violence does not occur in silos, but rather there is an directly interconnected co-occurrence of various types of GBV among girls, women and boys in Patongo town council and Omot sub county. A single case of GBV more often than not suffers over four types of violence at the same time, something that responders and preventers must keep an eye on, lest, they focus on one visible or reported form of violence.

In some cases of GBV, the solution is not different from the root cause/problem. In our evidence, while closing of water points by men in the evening hours is a practice that is reportedly designed to perpetrate GBV, in it is a hidden, indirect, silent and unintended protective opportunity for girls and young women to avoid SGBV. That is, Girls/women, don't go to the well or bore hole after 6pm because it is closed but also not safe. Therefore while water source caretakers use it to abuse girls and women, it should be used by the girls and women to stay safe and not to go looking for water in the night. It was also noted that going to the latrine during day is safe but unsafe at night, thus as behaviour change interventions are being implemented, shortterm protective measures are a vital supplement.

In summary, it is very clear from the results that GBV/VAWG is highly prevalent in the study areas. Poor access to water, sanitation and hygiene, whilst not the root cause of violence, can exacerbate the vulnerability of women and girls to violence. The study established that access and use of WASH facilities is a driver of GBV/VAWG in Agago district.

6.2 Recommendations

Hardly any studies indicate the inclusion of the Gender Transformative Approach in the WASH sector with a focus on socio-cultural norms. Therefore, there is need for gender specific realization of differences in gender needs and interests (related to WASH) to be clear.

More community sensitizations and engagements on GBV/VAWG should be undertaken by LC leaders, CSOs and the police to make communities understand and appreciate what is a good cultural norm and a bad one which can harm and violate the rights of vulnerable groups especially women and girls. GBV community sensitizations should also integrate sessions of how access to and use of WASH facilities can increase the risk to GBV/VAWG for women and girls.

More budgetary allocations need to be put to prevention programmes to work towards norm change in the community to develop positive attitudes towards women. This will require public education geared towards behavioral change.

Livelihood improvement is an important aspect of the GBV redress framework. Economic deprivation is key driver of GBV/VAWG phenomenon in the domestic space. GBV actors in Agago can work closely with government institutions and development partners in the livelihood sector to develop approaches to increase livelihood options for men and high risk groups of women to increase family incomes. Agago being a community emerging from war, second chance education should be an integral part of programming within the education sector to equip women and men with vocational skills to be able to earn income. The National Council for Higher Education and Ministry of Education and Sports can consider providing bursaries for adolescent girls and boys to enable them enroll at the vocational training institute to gain employable skills. CSOs promoting girl child education like Forum for African Women Educationalists (FAWEU) should increase the scope of their activities in Agago district. FAWEU is currently focusing on facilitating girls' stay in school and retooling those who dropped out in Acholi region. Girls and women from remote districts like Agago with less CSOs interventions should be prioritized for more support towards education from FAWEU.

Women and girls should be equipped with skills to protect themselves against potential perpetrators of GBV. For instance, the practice of girls walking in a group or in the accompaniment of an older woman when going to fetch water should be adopted in communities where water sources are far.

Programmes for increased male engagement in water collection should be initiated. Men and boys should be sensitised to play a more active role in collecting water for their families.

Local governments in the communities should Integrate GBV prevention into the work plans like specialized training to healthcare workers, including how to respond compassionately and appropriately to disclosures of violence, and updated GBV referral pathways so that primary and secondary service delivery points including CDOs and Health workers (who have were silent in the study but crucial on SGBV) can play more of a role in providing clinical management and refer cases to tertiary hospitals only when a more specialized level of care is needed.

Localize existing mental health and psychosocial support services by establishing community focal points and working with existing networks to provide services and also build the capacity of Police and Health workers on clinical management of GBV.

The government through the Ministry of Gender and Labor should gazette centers where the survivors unite for counseling services as a way of rehabilitating them from the trauma.

The water facility in Omot SC presents a good example of modern efficient solar powered water facility whose O&M poses less risks of GBV if any in such a rural setting. WASH SDG program should learn and promote such facilities in other program areas.

Using community driven behavioural science methods, social norms transformation strategies are needed to create new norms and new reference groups to address the deep-rooted negative norms that perpetuate GBV for girls and young women as they seek for WASH services.

Since the WASH related GBV is gendered, communities may explore identifying and securing female only and male only water points. While this will greatly reduce and/or eliminate SGBV in the short term, it will not change behaviour and may not remove the other forms of violence, yet SGBV has more worrying consequences than other forms, whose risk will also be reduced. Thus, a multi-faceted behaviour change approach is needed to change the trajectory. Additionally, the routes to collecting water are known and thus a water access collaboratives can be established in the community as part of the water source management committees, whose responsibility among others would be to create safe pathways to water sources for girls and women.

The study has shown that even the indirect relationship between WASH and VAWG/SGBV is has far reaching consequences. Given that water points are areas where communities meet for a common livelihood and health objective, social behavioural change interventions can be designed with water points as service delivery points for behaviour change messages. The water management committees, Local councils chairpersons, key influencers and water source caretakers are already existing structures through which change and transformation can be delivered/achieved.

A balanced gender focus should be adapted that is, gender mainstreaming that recognises that as much as men are sometimes perpetrators, they are also victims other times. It can be argued that if a woman is seen as violent (especially emotionally) by the man, then it is possible for the man to withhold financial support including for accessing/buying water. In such cases, the result will be women reporting deprivation, when it is rooted in violence against the man/husband. It should be noted that women are provided with many legal protections when it comes to their security and sometimes they use it falsely as well, according to their convenience. Society and legal helps need to extend their help towards men and their problems. Society should be taught to not to ignore the signs as all these physical, emotional and mental tolerance takes men towards the psychological health problems which in turn affects women Sandeep (et. al 2021).

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Annexes

Annex 1: Tools used in the study

Final Tools used to collect the data(to be attached)

Annex 2: Sub-activity reports

Preliminary Visit Report

Literature review report

Community workshop report on GTA in Omot and Patongo

Annex 3: Photos

Field photos

Annex 4: Transect map, Location and adequacy of water facilities

Water, Sanitation and Hygiene Services

a) Water supply services

i) Hand pump mechanics services

Hand pump mechanics are trained by the Ministry of Water and Environment to fix boreholes. In Every Sub County or Town Council, there are at least two trained hand pump mechanics.

ii) National water Sewerage Corporation services (Patongo)

There is a fully-fledged NWSC office in Patongo TC. Currently, it is focusing on water provision without sewerage management. Key services provided include connection of households and institutions to water piped system, operation and maintenance of the system, billing and revenue collection.

iii) Water Card Management services (Omot SC)

This serves as a recharge center for the water cards system that the users use for buying water at a water point. We came across this water card service recharge system managed by a man. It was solar driven too. The water cards are bought by the women using money from the family head of the household who may be a man or woman. For the northern Uganda conflict also left some households headed by women. The cards are recharged after collecting like 80 jerry cans of water. This is one card service was only found in Omot sub county. Some few women sell their farm produce and have their own money to buy the water.

iv) Sanitation Services

Pit emptying services are important sanitation services taking root in Agago district. The TII KA ADA PIT EMPTIERS is a group of recent trainees in emptying pit latrines using semi-mechanized equipment. These were trained by WASEU, one of the Uganda WASH Alliance members.

v) Hygiene Services

Solid Waste Management

Solid Waste collection pit is dug by the town council and anyone is allowed to use it, but for some areas, you find people can decide to go and dig their rubbish pit in an Identified area and only people who have dug it can go and dispose of their rubbish in, so when you are to go and dispose your rubbish in it then you have to pay a fine (Participant, FGD, Male Adolescents 15-19 years _ Patongo TC).

“....some homes but not in all households have access to rubbish collecting places and these are found on the roadside. Also you might find one close to someone’s shop and that person is the one to collect the rubbish while others pay him for using it” (Participant, FGD, Male Adolescents 15-19 years _ Patongo TC).

4.4.1.3 Location, accessibility, adequacy and safety of WASH facilities

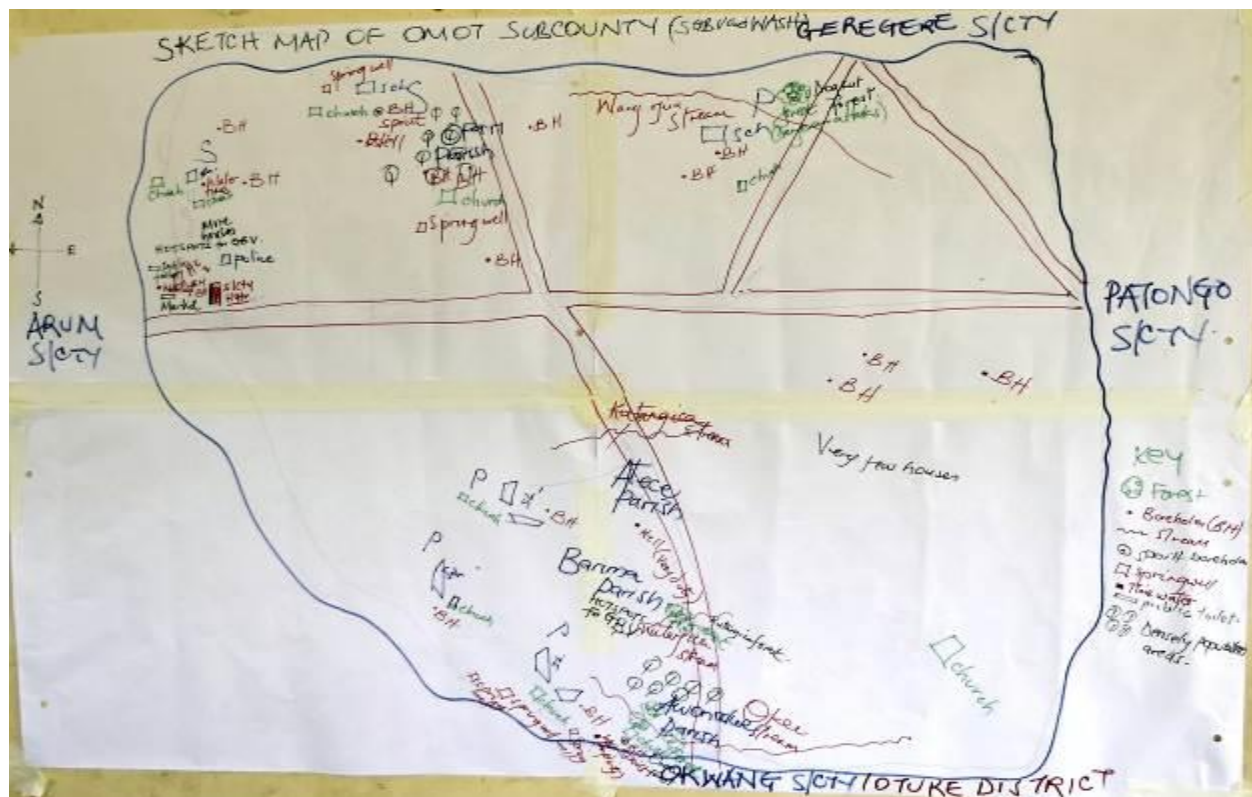
a) Location and accessibility of WASH facilities

i) Location and accessibility water facilities

During the community workshop, participants generated a community map with the major water sources and pointed to spots like bushes and forest that they noted to be of high risk points where can lead to defilement and rape of women and girls. Boreholes have generally located some distance from the households while the taps were very close to the households.



Map 1: Patongo TC WASH GBV community map



Map 2: Omot SC WASH GBV community map

It was observed that the water points (boreholes) in Omot SC were further away from the homesteads generally inaccessible, hence less utilised compared to those in Patongo TC. This distance is a reason for increase of violence among women at the communities.

Several boreholes that were visited had bushes surrounding them, an indication of being high risky places for VAWG .



Above: Borehole in Patongo TC surrounded by a bush



Above: Borehole in Omot SC surrounded by a bush

It was noted that in Patongo TC, whereas the taps were available in the majority of the household catchments, most of them were disconnected due to the high bills of water consumption. This,

therefore, implies that the tap water is inaccessible and therefore households resort to traditional water sources like boreholes which are far and at a distance of more than 2 kilometers.

ii) Location and accessibility sanitation and hygiene facilities

Household latrines and hand washing facilities were generally observed within the compound with most of them over the 30 meters away from a residential house. This is an indication that these sanitation and hygiene facilities are ideally located and therefore accessible.

For public/institutional latrines and hand washing facilities, it was generally observed that they are located within the institutional compound though in some schools they were observed to be too far away and in a very bushy environment especially in Omot SC.

By design, the institutional latrines include one stance with a rump and handles inside to be accessible for persons with disabilities (PWDs) especially those using wheelchairs.



Photo above: Institutional toilet with one stance with rump and handles inside for PWDs



Photo above: Institutional toilet with one stance with ramp and handles inside for PWDs

Hand washing facilities were hardly observed especially in schools. This is largely due the COVID 19 lockdown that had all the educational institutions to close down. Secondly, these hand washing facilities were noted to have been kept away safely due to theft of these facilities left outside.

ii) Location and accessibility of WASH services

WASH services including hand pump mechanics, National water and sewerage are available. However, in both Omot and Patongo there is absence of the pit-emptiers. The other dimension of accessibility of all WASH services is the cost. It was noted that whereas some services were available within Omot and Patongo their high cost makes the services inaccessible because of affordability? to the community. A case in point is the repair of boreholes. Whereas there are several hand pump mechanics in both Omot and Patongo, the community often faces challenges in fixing the borehole in case some parts like the rode and head get a problem. It was noted that sometimes it costs over UGX 300,000 to repair a borehole which amount is not often available and the community is forced to lock the borehole until the finances are raised.



Photo Above: Borehole in Patongo TC spoilt, locked because the community has not raised adequate funds to repair it.

b) Adequacy and safety of WASH facilities

i) Adequacy and safety of water facilities

It was generally noted that in some areas in both Omot and Patongo the water facilities were not adequate. Safety was explored in terms of the quality of water and it was generally noted that the water from the boreholes and the piped water systems was safe for both human consumption as well as household use.

The other dimension of safety was in the context of the level of risk the water point would potentially lead to violence against women while accessing the water facility in terms of its location and accessibility. In this context, it was generally noted that boreholes were located in more risky places, far from residential households and with bushy paths leading to and from the water point. Omot had more of such water facilities than Patongo TC as illustrated below.

“...In my village, we only have one water source that was given to us when we returned from the camp (internally displaced people’s camp), one water source for the whole village, it’s not enough. Others take water from the hand-dug wells which are not very clean, because we have failed to keep it clean. We need help because one water source is not enough for the whole village.” (Participant, FGD Male Adults_ Omot SC)

It was found that boreholes were not well distributed and not enough which led to water scarcity and women managed by using water sparingly and or re-using water for several activities. Due to the few available boreholes, other people take water from other water surces. At water points, there are sometimes conflicts between the different categories of people collecting water. For example boys bullyng the girls and older women taking advantage of the younger girls and women in fetching water first. Therefore, water points become potential convergence hot spots for violence against girls because they are vulnerable and powerless in these situations.

ii) Adequacy and safety of sanitation and hygiene facilities

Adequacy and safety of sanitation facilities have several aspects including structural design, gender sensitivity and specificity, and privacy among others.

At the household level, most of the sanitation facilities observed fell short of all the aspects for adequacy and safety of latrines.



Photo Above: Latrine in Omot SC with limited privacy (no proper door)



Photo Above: Latrine in Patongo TC with inadequate superstructure (no roof)

It was revealed in the FGD that

“...mine, is like this about the hygiene, our hygiene is not good simply because we are lacking some necessities, materials needed for us may be to clean our bodies and wash our clothes, we lack soap, even the water we use is not good. How? Some people are sharing those wells with animals, you can fetch some water for drinking and again even an animal can drink the same water your using, which is not good for our health.” (Participant, FGD Male Adults_ Omot SC)

Similar challenges were observed with public and institutional sanitation and hygiene facilities. For schools, adequacy is measured by pupils/students per stance ratios and it was noted that this ratio is generally above the national recommended 40:1.

iii) Adequacy and safety of WASH services

Whereas WASH services were generally available either within Omot and Patongo or in neighboring areas, the question of their adequacy may not be adequately addressed as their use is minimal. The minimal use was largely attributed to the high costs involved as well as limited community awareness about the availability of such services. For example, whereas there are pit emptiers in Agago district, community awareness of these is limited that even those who would have opted to empty their pits resort to digging new ones since they are not aware of such services. Still, with the pit emptying, there was a question of applicability of this service as it best applies to drainable pits, unlike to ordinary pit.

Safety of WASH services mainly looks at the safety of the person involved in the delivery of these services from occupational hazards. For example the safety of the pit emptiers. It was noted that these put on protective gears that help them safeguard their lives from physical injuries and contracting diseases.