

Strengthening the health system response to violence against women in Uganda

Lessons learned from
adapting and implementing
WHO guidelines and tools



World Health
Organization

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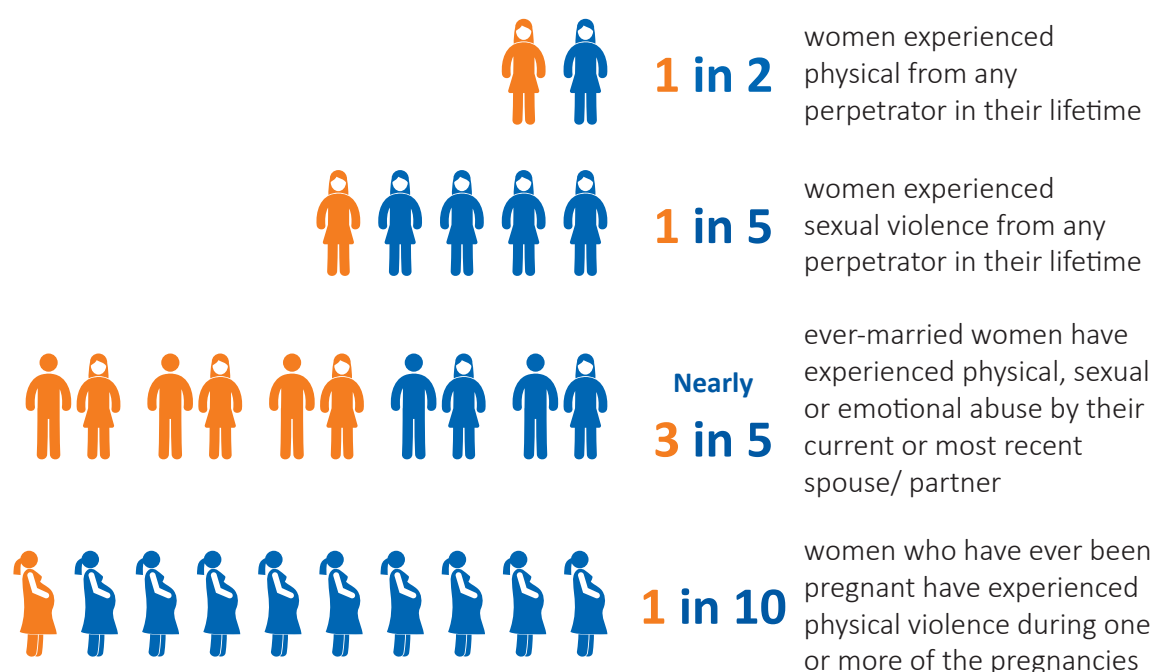
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Championing a health response to gender-based violence is a long-term endeavour – one that requires persistence, patience, and painstaking small steps. It is not a linear process, rather it moves forward at times, while progressing slowly or grinding to a halt at others. We acknowledge and appreciate the efforts and persistence of all those who are involved in addressing violence against women in Uganda.

Background

Violence against women, also referred to as gender-based violence¹ is a widespread public health problem in Uganda, as it is globally. It is a pervasive human rights violation rooted in gender inequality and widely recognized as an impediment to the achievement of the Sustainable Development Goals (SDGs). While globally, one in three women have experienced physical and/or sexual violence by an intimate partner or sexual violence by a non-partner in the course of their lives, this ratio is much higher in Uganda (see Figure 1).

Figure 1: Violence against women in Uganda



Source: (1)

The health impacts of such violence include physical, sexual, reproductive and mental health problems. Evidence suggests that women who have been subjected to violence seek health care more often even if they do not explicitly disclose the violence, than women who have not been subjected to violence (2). Therefore, health care providers are well placed to identify and respond to women subjected to violence.

Uganda has made significant strides in addressing violence against women. It has a set of laws that prohibit, and policies that address gender-based violence. In order to perceive how these laws and policies were being implemented, the Ugandan Ministry of Health with support from the World Health Organization (WHO) conducted a readiness assessment exercise in 2014 to assess the strengths and weaknesses of the policy and legal response

¹ While in this document violence against women and gender-based violence are used interchangeably, we recognize that others interpret gender-based violence differently.

to gender-based violence. This is summarized in the *Readiness assessment report for addressing gender based violence in Uganda* (3). The findings highlighted that although preventing and responding to violence against women was a priority in Uganda, and there were ongoing efforts to address it, there was a limited understanding on how to address it as a public health problem. The findings also suggested that health systems needed to be strengthened for a multisectoral response. This assessment was followed by activities undertaken by the Ugandan Ministry of Health with WHO support, to strengthen the responsiveness of health systems to violence against women in Uganda. The process, challenges and outcomes of these activities are documented in this brief.

Purpose and intended audiences

The purpose of this case study is to document the lessons learned from Uganda's efforts to strengthen the health system response to violence against women, particularly focusing on activities involving support from the WHO. It highlights the changes that have occurred as well as the opportunities and challenges encountered while making progress, and offers lessons learned on how countries can strengthen their health system response to violence against women. This case study will contribute to efforts by the WHO to monitor the implementation of the *Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children* (4). The global plan of action was endorsed by the health ministries of 193 countries at the World Health Assembly in May 2016 and includes a monitoring framework that requires WHO to monitor the progress made and document lessons learned from countries.

The intended audiences of this case study comprise: policy makers in Uganda including district health managers who wish to scale up health system response to violence against women; health policy makers from other countries in sub-Saharan Africa and elsewhere who want to intensify national and sub-national efforts to strengthen the health system response to violence against women; donors; as well as United Nations agencies, professional health bodies and nongovernmental organizations (NGOs) implementing or providing technical support on health systems response to violence against women.

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