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GBV Case Conferences

A successful tool in the prevention and response to Gender Based Violence (GBV)

“GBV service provision has improved because of the knowledge we got from the case conferences. Case conferences have exposed cases which were not well handled. Most of our cases used not to go as far as accessing justice. Coordination with those who have attended case conferences, particularly CEFORD and CARE, police and health providers have improved. We are now reporting based on a common understanding. Case conferences have enhanced professionalism. We now know what should be done and what not to do, for example the 72-hours rules and improved case management.”

Community Development Officer, Omugo sub county

The Women and Youth Resilience Project (WAYREP) aims at strengthening the resilience of refugee and Ugandan women, girls and youth to live a life free from violence in Uganda. It puts a particular focus on women and youth at risk of gender-based violence (GBV) in Northern Uganda. Prevention of and response to gender-based violence is an essential element of the project, including by strengthening existing systems such as GBV coordination mechanisms. This learning brief documents impact, opportunities and lessons learned from a particularly successful approach - from the GBV case conferences.

What is a GBV Case conference?

The gender-based violence (GBV) case conference is a platform that humanitarian partners initiated. It gathers different GBV actors to meet and discuss complex GBV cases and the challenges faced in response to GBV in the communities, with the goal of agreeing to better coordination mechanisms and of improving service delivery. Together with key GBV stakeholders in the project locations, the Women and Youth Resilience Project (WAYREP) adapted case conferences successfully to the development contexts of the cities of Arua and Gulu and Terego District.

Case conferences provide space for GBV service providers from all relevant sectors to share their experiences, insights and best practices in supporting GBV survivors. In regular meetings, GBV service providers discuss and support each other in particularly complex cases and develop ideas and solutions for common

challenges. They give updates on their work, identify areas that need to be strengthened and involve experts for capacity development. Case conferences allow service providers to account for their work and responsibilities, and to improve their approach and quality of their services. The case conferences differ from regular GBV coordination meetings as they provide a platform for technical experts to discuss relevant issues and cases in-depth and practice-based, while GBV coordination meetings are a space for GBV stakeholders to provide updates and information.

How do case conferences improve the quality of GBV services?

Enhanced capacities of GBV service providers

“It has really helped us to fill in the gaps in the management of GBV cases from all the sectors.”

Health Worker, Oli Health Centre IV

Case conferences help to identify and address capacity gaps in GBV service provision. For instance, as a result of their participation in case conferences, health workers were able to access training on the clinical management of rape and the referral pathway and received corresponding mentorship by senior medical officers. They also benefitted from more tailored

capacity development measures, such as for proper forensic sample collection. With the health workers' growing confidence to identify and clinically manage cases of GBV, GBV health facilities intensified their GBV sensitization during community outreach, such as during Safe Male Circumcision camps.

Health workers were also capacitated to correctly filling the Police Forms 3 (PF3) which reduced the quantity of PF3 forms pending at the regional police surgeon's office in Arua City. For such trainings, case conference members were able to impart their expertise and knowledge: *“In one of the case conferences, a request was made to organize a capacity building session on filling of the Police form 3. An experienced member of the conference was identified and supported that session. Police officers like the SGBV desk officer who has been attending case conferences since initiation in 2019 were also supportive during the session. Health workers then conducted CME [Continuing Medical Education] on police form filling at their facilities and asked the officers to conduct a training with colleagues, which was done.”*

The increased knowledge and skills improved not only the quality of services but also their efficiency: *“They are putting in practice the knowledge and skills they have acquired through case conferences, hence reducing workload. Each one of them now knows their different roles”.* (Officer in Charge, Criminal Investigation Department, Terego Central Police)

Improved sharing of information and expertise

Case conferences provide opportunities to draw on experts from partners and institutions to share information and expertise. In WAYREP locations, case conferences have increased the health providers' knowledge and understanding of court procedures, specifically giving evidence of cases. *“In the case conferences we have had lawyers who have given us skills that have built our confidence on how to speak when we are presenting evidence in courts of law because health workers felt they would be shut down by defense lawyers and that was our biggest fear of courts. What was on health workers minds was, when you get to court, lawyers are terrible.”* (Health worker, Gulu). Thus, lawyers and even a state attorney shared information on how evidence is presented in court and addressed and reduced concerns from other sectors.

Improved communication, networking and coordination

“It has enabled the participants to realize that a lot needs to be done from each stakeholder to holistically address the cases of SGBV.”

Staff from Legal Aid NGO

Case conferences have improved interconnectedness of various GBV services within the referral pathway. In Gulu city, health workers and police officers in the protection and SGBV unit acknowledge that better coordination has improved GBV service delivery at health facilities and in handling of cases at police. At Oli HC IV in Arua city health workers are within reach of the police surgeons for examinations and for taking of samples for forensic

tests. *“From these conferences we realized we can get a lot of help as health workers. We enhanced our coordination. That gave us ease to consult health workers outside our health facility.”* (health worker, Oli

Health Center IV)

Increased and more effective access to justice for GBV survivors

“These types of meetings help to have records of what number of cases were registered, followed up and how many survivors received assistance.”

District Police Commander, Terego

The increased collaboration among GBV service providers also contributed to better access to formal justice, for instance in facilitating the collection of forensic samples, that are required as evidence for prosecution. *“Our greatest challenge was taking samples for the forensic tests. Colleagues would call me to help take the samples. Where I was not sure and could not access the responsible doctor at Gulu Regional referral Hospital, I would*

call a gynecologist in Mulago who taught me to take the samples. We were able to share skills on how to take the samples so that they were not rejected.” (SGBV Desk Officer, Central Division, Gulu)

The SGBV desk officer at Gulu central police station noted, that in the case conferences they learnt about the referral pathways and got to know relevant partners which eased handling of some difficult cases within a relatively short time. When there was need to arrest suspects, partners like International Justice Mission, CARE international in Uganda and Action Aid supported with transport and offered psychosocial support to survivors who needed counselling before giving information. A case which would take three days to arrest the suspect was handled in a day because partners were nearer to the officer and, in case of challenges, they knew who to call. An example was a 17-year-old girl in Gulu who had been forcibly married: *“The perpetrator had another young girl for a wife in the same house. The case was reported at Gulu university police station, and they referred to CPS where I handled the case. We examined the victims and referred them to a health worker for required support. The perpetrator was arrested and was also examined immediately. The case was taken to court in three days. In court the hearing was fast and within the period of four months the case has reached the climax. The perpetrator was denied bail because he is a habitual perpetrator. As of now the man is still at Gulu main prison.”* (SGBV desk officer, Gulu central police station)

Improved referral pathways

“There has been an increase in reported cases within the community. This is because the referral pathway has been made clear by CARE. This has enhanced service delivery. As a result, survivors have been reporting GBV cases timely.”

Ocia Health centre III, Omugo Settlement

The case conference is a platform where referral pathways can be operationalized and challenges within the system addressed. In all four WAYREP project locations GBV referral pathways were established. Information on GBV service points and types of services were disseminated in the communities in Arua City, Terego district and Gulu City. WAYREP’s case closure meetings confirmed that survivors accessed all relevant services. At Omugo HC III, health workers, police and CDOs have worked cooperatively to manage GBV cases and to support survivors

access health care, psychosocial counselling, and justice. Relevant stakeholders as well as well as community members are now aware of the referral pathways, know to which partner or institution to refer cases of GBV and how to reach out for support. In case conferences, service providers hold each other accountable for service delivery along the referral pathway.

Joint Actions

Case conference members identify joint actions and how to address relevant gaps and challenges. For instance, partners have been supporting to print PF3 form for police stations to address the issues of survivors being charged money to access the forms. Based on their exchanges, partners were able to identify periods in which teenage pregnancies increased and to better understand the teenage mothers’ needs. This helped to develop recommendations for specific interventions for pregnant girls.

Accountability and professionalism

In case conferences, the members hold each other to account and can raise issues such as accessibility, quality or timeliness of services. Even though challenges like limited medical stocks remain, other issues have been addressed. Cases of corruption, for instance, where GBV survivors had to pay for services were raised in the meetings and action was taken: *“It is difficult. However, there are those whose attitude has*

changed. At Gulu regional referral hospital the health workers would openly ask GBV cases of a sexual nature and 20,000 for a physical nature. This is different today. The message reached the hospital and the open payment of the money was scrapped.” (District Development Officer, Gulu) Stakeholders are now feeling more responsible to follow up on cases and to fulfil their roles as GBV service providers: “We take it seriously because we realize the impact. Thus, we follow up on cases that were reported. We have taken more suspects to court and remanded, waiting for cases to be heard.” (Officer in Charge, Criminal Investigation Department, Terego District)

How to organize case conferences

When and where are case conferences organised?

Within the refugee setting, case conferences are organised monthly by UNHCR. WAYREP facilitates case conferences in other project locations quarterly, namely in Terego district (Omugo Sub County, Omugo settlement), Arua City (River Oli Division) and Gulu City (Bardege, Pece divisions). A meeting takes about 2 hours, depending on the issue that is being discussed.

Case conferences are being organized both physically and virtually. Virtual case conferences became common and part of the new normal during the lockdown of the Covid -19, especially in the refugee setting. However, WAYREP organizes physical meetings, considering limitations in internet connectivity and the relevance of personal networking, among others. Case conferences are most effective and efficient when implemented at district or municipal level. They should be organized regularly to ensure systematic follow up on the action points agreed in the previous meetings.

Who facilitates the case conferences?

Case conferences are facilitated by the GBV sector leads on rotational basis. The facilitator of the conference is selected by the members based on the choice of topic of discussion. This is agreed prior to the next case conference which gives the facilitator ample time to prepare. The case conferences outside the settlement are currently organised by CARE but will be handed over to the District Community Development Officer at the end of the project. Partners will be encouraged to provide further support.

Who are the participants?

The case conferences are usually attended by representatives of the health, justice and social sector, both from government institutions and civil society. These are in particular the police DPC, SGBV desk, Officer in Charge, Child and Family Protection units, health workers, Principle and District Community Development officers, Probation and Welfare officers, legal partners, the state attorney, and development partners.

Selected challenges

Government personnel are regularly relocated. This requires continuous capacity strengthening and deliberate onboarding of new colleagues to the case conferences. Members of the case conference should aim at institutionalizing case conference participation and GBV knowledge in their respective institutions and departments. Some recurrent challenges and gaps in the GBV service delivery require more systemic responses and higher-level advocacy, such as challenges of juvenile cells, transport to facilitate police movements, lack of medical supplies or cases of corruption.

Conclusion

Case conferences are an effective and efficient approach in strengthening GBV service delivery. In WAYREP locations, survivors have now improved access to justice, health and other services.

District and city authorities should lead and institutionalize case conference and allocate a specific budget to ensure continuity. Development partners such as CARE International should systematically include case conferencing in project designs and contribute to supporting and strengthening case conferences for promoting quality services to GBV survivors.