

# USING CITIZEN MONITORING AND ADVOCACY

to address Sexual and Gender Based Violence  
in Uganda and Zimbabwe



Women's Advocacy Group – Honde Valley/ Ward 10, Zimbabwe. Credit: Florie De Zager Meezenbroek



This Learning Brief provides an overview of what Trócaire currently supports and contributes to in terms of **Citizen Monitoring and Advocacy (CMA)** to address **Sexual and Gender-Based Violence (SGBV)** in Uganda and Zimbabwe, as well as lessons learnt, gaps and challenges, and key recommendations to address these. The findings are drawn from consultations with partners and grassroots citizen groups in Zimbabwe in December 2019, a partner survey conducted in Uganda in June 2020 and end of year updates from both countries (2020). The intended audience of this Learning Brief is relevant Trócaire staff, such as Programme Officers, Programme Managers, technical advisors and institutional funding staff, as well as other stakeholders such as partners, donors, allies and supporters.

## What is CMA?

CMA refers to targeted actions by groups of organised citizens at any level to monitor and advocate for change in state and non-state institutional policies and practices, in order to realise their rights and entitlements and hold duty-bearers to account.

## What is Trócaire supporting in terms of CMA in Uganda and Zimbabwe to address SGBV?

In both countries, Trócaire is supporting local civil society to improve prevention of and response to SGBV, with

a focus on violence against women. Strategies range from engaging at individual level, such as assisting SGBV survivors to access essential services (health, psychosocial, and legal services), to engaging at community level, where women are trained as activists to mobilise communities, and at the institutional level with the aim of achieving improved access for women and girls to high quality SGBV services. As influencing policy and institutional practice is a complex and lengthy process, one approach has been to support several local partner organisations (hereafter partners) operating at sub-national and national level to carry out CMA and enable grassroots citizen groups to do the same.

In terms of enabling grassroots citizen groups to conduct CMA, to date in both countries, Trócaire has supported partners to focus on four core processes: raising awareness of rights and entitlements, community mobilisation, skills training to conduct CMA, and building agency of affected citizens. The targeted citizen groups have included women's advocacy groups, community action groups and cohorts of community activists. In terms of direct CMA, Trócaire has funded partners to undertake policy monitoring and research, make policy submissions, dialogue with duty-bearers at different levels, participate in accountability fora and provide litigation support where required (Zimbabwe). Trócaire also provides support to partners on technical issues such as relevant legal frameworks and advocacy tools, as well as facilitating spaces for advocacy strategy planning.



The A-team from partner Muslim Centre for Justice and Law (MCJL) host a radio talk show with the police (from the Aswa Child and Family Protection Unit and Gulu Central Police Station), to raise awareness on SGBV in Gulu, Uganda. Credit: MCJL

Trócaire and partners in both countries predominantly focus on issues arising from inadequate implementation of existing policies, laws, budgets, services or practices. In Uganda, all partners surveyed use CMA to influence improvements in SGBV prevention while 90% use it to improve referrals to SGBV services. In Zimbabwe, CMA is used to advocate for the full implementation of laws and policies that protect from and prevent SGBV, in addition to improving service provision so that survivors receive a dignified comprehensive package of care.

## What have partners and communities achieved so far using CMA?

Awareness-raising appears to have been effectively embedded in programmes in both countries, which has empowered citizens to know and stand up for their rights, engage with duty bearers at local level and provides a strong basis for taking concerted action at more strategic and systemic levels. Multiple methodologies were used such as the SASA! Faith approach, mobile human rights clinics, and constitutional literacy sessions. Engaging in dialogue and relationship building with duty bearers were the most common strategies which partners used to initiate change, including bilateral meetings with advocacy targets, and participating in social accountability sessions. An innovative approach of working with women caucuses to influence legislative debates is being used in Uganda.

Monitoring data has also been an important component feeding into evidence-based advocacy. Despite difficulty in obtaining timely official data, and although monitoring could be strengthened in many localities, data collected by some partners and some citizen

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**Ugandan partner TEDDO on recent CMA successes: “there is shaping the debate through continuous engagements with duty bearers at sub county and district levels. Duty bearers such as community development officers...child, family and protection officers, criminal investigation officers, probation and social welfare officers have been successfully influenced to participate in coordination meetings and other interface meetings”**

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Councillor of Ward 18, Insiza District, Zimbabwe, Jostina Ndondo, who has supported women advocacy groups. Credit: Nyasha Sanie (Zimbabwe Lawyers for Human Rights)

groups from observation and inspections has been used to demonstrate the current gaps in SGBV services, as well as to develop priorities and inform decision making in their own policies and programmes.

Bridging the gap between citizens and duty bearers has resulted in the latter making commitments to take action and provide funding. For example, in Uganda successful advocacy resulted in the posting of female police officers in several localities to support female SGBV survivors in filing complaints and accessing legal rights. It also resulted in changes at both district and national level such as legal reform and parliamentary budget decisions. Partner CSBAG also managed to influence key processes to improve the national GBV response during the Covid-19 pandemic. For example, a Medical-Legal Committee was set up at national level by the Ministry of Gender to strengthen SGBV referral mechanisms, resolve implementation challenges, set standards and policy actions to address gaps. Furthermore, the multi-sectoral GBV reference groups at national and district levels and a Covid - 19 SGBV Sub-Committee were invited to provide policy guidance and strengthen management and coordination of a multi-sectoral and multi-stakeholder response to SGBV during the pandemic.

In Zimbabwe, partner Musasa managed to influence the prioritisation of a bill on mandatory sentencing of rape perpetrators in Parliament and convince health clinics to prioritise GBV cases in different districts.



Members of women's advocacy groups were able to ensure SGBV survivors received the support services they needed, especially in the context of the Covid-19 pandemic. They undertook collective actions that ensured effective service delivery at local police stations and prevented police from breaching survivors' right to privacy at roadblocks in two districts, as well as ensuring the prioritisation of SGBV cases at police stations in one district. Furthermore, research was conducted at programme level to understand the barriers that SGBV survivors face in accessing justice. The research results will shape the CMA agenda for partners and Trócaire in Zimbabwe in 2021 and beyond.

## What have partners learnt so far using CMA?

Organisations in both countries noted that building the capacity of citizen groups results in informed and mobilised citizens who can confidently claim their rights and confront injustice. Building a sense of agency among citizens who can represent themselves, when appropriate and safe to do so, results in more sustainable change than when they are represented by others. However, the consensus is that these citizen groups can assume stronger advocacy roles in their localities if they are further supported to do so.

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***“Empowering community leaders is paramount in ensuring citizen monitoring” - Ugandan partner Terelepar***

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Effective engagement between citizens and duty-bearers hinged upon both receiving capacity building, so citizens were aware of their own rights, and duty-bearers understood their roles, duties and responsibilities. Using a dual approach of targeting rights holders and duty-bearers proved to be very important in creating an enabling environment for change. In general, coordination and collaboration were mentioned as key aspects to the success of initiatives, whether this collaboration involves engaging with community and religious leaders, other groups, community-based organisations (CBOs) or duty-bearers.

Monitoring was flagged as an important tool to track the progress of policy implementation and service delivery while documentation was noted as highly useful. This is unsurprising given the fact that nearly all organisations surveyed used data as a tool to influence duty-bearers but underlines the need for accurate and consistent data collection.

## What are the gaps and challenges?

Although partners are making strides in their direct CMA work in both countries towards a better collective situation for women at risk and survivors of violence, there are key differences in approaches to enabling CMA among grassroots citizen groups. In Uganda, several partners conduct CMA together with grassroots citizens at sub-county and district level, because they realized that supporting participation of citizen groups in existing spaces convened by government led to improved service delivery planning as well as an increase in funding for SGBV services. Some partners in Zimbabwe have focused on enabling grassroots citizens groups to conduct their own CMA initiatives through rights awareness raising, confidence building of those affected by SGBV and community mobilisations. However, with a few exceptions, these building blocks have yet to translate into much collective action that tackle policy or systemic problems. Rather it was found members of these groups often operate as individual advocates who focus mostly on supporting individuals, such as facilitating access to services for SGBV survivors. It is important to acknowledge the often individualistic and private nature of SGBV and that access to services in the here and now is essential for survivors, which might explain why grassroots group members often end up handling specific SGBV cases. While this should continue to be a priority, these advocates could increase their impact by also contributing to well thought out strategies with clear objectives addressing systemic issues that deliberately aim to influence change in state and non-state institutional policies and practices.

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***Zimbabwean partner Musasa reflects on CMA challenges: “there are instances where there is lack of political will from policy makers which poses a challenge. Moreover, the constant changes in key influential positions in government also disrupts the continuity of advocacy processes.”***

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Most partners identified relationship building as a crucial component in the advocacy successes achieved. However, some organisations also flagged it as a challenge, citing constant staff turnover of key government officials. When duty-bearers leave positions, it is necessary to establish new relationships



A women's advocacy group use an Internal Savings and Loan Scheme meeting in Ward 12, Bikita, Zimbabwe, to tell women about SGBV services. The advocates are wearing matching dresses with the word ADVOCACY in the pattern. Credit: Hardlife Takawira (Caritas Msvingo)

and build trust, leaving groups with a sense that they are starting from scratch.

Monitoring was also frustrated in some cases by being refused access to information by duty bearers and poor record keeping, denoting the need for robust tracking and reporting mechanisms within government institutions. Turnover of members in the CMA groups, due to rural-urban migration, was also highlighted as an issue, as well as a need for more resources dedicated to training.

In Uganda, two concerns were raised regarding SGBV survivors: were they being consulted enough in relation to the advocacy that is being done on their behalf and should they be encouraged to speak up for themselves and become advocates for their own and other women's rights.

## What are the key recommendations towards addressing the gaps and challenges?

### Voice and consent of SGBV survivors

In relation to the concern raised regarding whether SGBV survivors should be encouraged to speak up for themselves and become advocates or activists, it is paramount to respect the Do No Harm principle.

Survivors are in a vulnerable position and speaking up in the public sphere may expose them to more violence or risks of further harm. On the other hand, their stories need to be heard and are important to understand why continued action is needed to bridge the gaps between existing laws, policies and budgets and their lack of implementation. Furthermore, consulting with them about their needs and priorities in relation to State policies, practices and services is extremely important, as is obtaining informed consent from them to undertake advocacy on their behalf that uses their story and keeping them updated on actions taken and progress made.

A recommendation would be to set up a model where they can be consulted, their voices and stories collected, and informed consent obtained for advocacy being done on their behalf as well as being kept updated on advocacy efforts and results. To ensure the Do No Harm principle is respected, this model would be facilitated by trained professionals who can provide psychosocial support and handle their information confidentially and sensitively. Furthermore, it is recommended that Trócaire partners only convene and gather stories from survivors who are involved in programme supports, linked to services and are having their needs with respect to violence met, e.g. via risk assessments and safety planning carried out in the context of case management. Preferably, the survivors participating in Trócaire's programmes can be accompanied on a healing and empowerment journey.





From right to left: Partner MCJL advocacy officer Mr. Doka Kamili with 2 members of the Koro Abili Local Village Council (LC1) and member of a local advocacy group Mr. Felix Latigo, during a follow up visit regarding the registration books LC1 are encouraged to use to record SGBV cases in their locality.

### Resilience of grassroots citizen groups and activists

Inclusion of self-care components and sessions for grassroots advocacy group members and individual advocates during coordination and strategy meetings is recommended as this can help them recover from any emotional and psychological stress experienced supporting SGBV survivors before referrals to essential services are made.

### Grassroots citizen groups: Moving from rights awareness and individual action to collective action

As identified above, members of the women's advocacy groups and women community activists in Zimbabwe often act on their own, but being better organized, taking joint action with their group members, building alliances with other players and jointly lobbying decision-makers would reduce individual risks, amplify voice and influence, and therefore likely increase legitimacy and collective impact. The experience of Uganda partners and grassroots citizen groups engaged with could be a source of important learning for the Zimbabwe programme.

Linking with others also gives opportunities to share learning and align and leverage efforts to achieve systemic solutions of complex problems. *Vertical* enabling linkages exist between national partners, sub-national partners, and grassroots groups. However, greater effort is needed to bring the voice of grassroots women's advocacy groups and women community activists to higher level advocacy spaces. Greater effort is also required to establish *horizontal* linkages with other actors operating in the same geographical area or working on the same topic and create synergies between partners' activities.

To this end, it is recommended that partners support these grassroots groups to carry out regular prioritisation of issues requiring systemic change and mapping of allies, stakeholders, and spaces/opportunities of influence at sub-district and district level. Partners are also encouraged to link targeted grassroots groups to other CBOs and networks in their localities. There is also the need to clarify roles and responsibilities as well as communication lines between partners and targeted citizen groups to ensure that the cases and advocacy issues are receiving the required support, are thoroughly followed up over time and have an effective built-in feedback mechanism.

### Partners and grassroots groups can be more strategic and more impactful

In both countries but in particular in Zimbabwe, Trócaire can support local partners and grassroots citizen groups to be more strategic in their CMA by supporting them to develop well thought out CMA strategies as needed, and which have clear links and synergies with Trócaire's country advocacy strategies. Tailored training, coaching and advocacy toolkits which provide the steps to draft an advocacy strategy and establish follow up processes may help them in this regard.

In general, coordination between partners could be strengthened in both programmes. Specifically, a coordinated approach to data collection and analysis and pushing for improvement in data reporting by State agencies would strengthen the evidence base needed for policy decisions. Strengthening referral pathways for SGBV survivors is an example of a key advocacy issue that could benefit from a more strategic and coordinated approach to CMA by partners and grassroots citizen groups.

### Improving collaboration with and responsiveness of duty-bearers

Strategic collaboration with certain duty-bearers in the form of training and regular information sharing may also mitigate the impact of staff turnover. While meetings with duty-bearers are an important influencing strategy, their impact could be improved by introducing action plans and written commitments to follow up on. Sustained efforts at relationship building with decision makers especially at ministry level is recommended so that issues that are discussed and tabled in meetings go beyond review or proposal status. To this end, partners working at national level need to target duty-bearers with direct decision-making power.