



Feedback Matters



Assessing Client Satisfaction in Police and Health Facility Response to Gender-Based Violence

Kampala and Wakiso Districts

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Executive Summary

Gender-Based Violence (GBV) remains a widespread public health, social, and human rights crisis in Uganda, disproportionately affecting women, girls, and increasingly men and refugee communities. Nearly 50% of women aged 15–49 have experienced violence, and 30% report incidents within the past year. Despite national protocols promoting survivor-centred care, limited evidence exists on how survivors themselves perceive the quality of GBV services at police stations and health facilities. This study bridges that gap.

Using a mixed-methods design, the assessment collected **493 client** exit interviews and **40 in-depth interviews** with police and health workers across eight GBV service points in **Kampala and Wakiso Districts**. The findings reveal moderately positive levels of satisfaction overall but also significant disparities in service quality, resource availability, and provider readiness.

Survivors reported higher satisfaction in health facilities (average score 74) compared to police stations (average 68). Facilities such as Kisugu HC III performed strongly, while stations like Wakiso Police Station recorded lower satisfaction and long waiting times (up to 59 minutes), alongside reports of bribery and communication challenges. Men consistently reported lower satisfaction (64) compared to women (75), indicating gaps in male-sensitive GBV response.

Clients were most satisfied when they were kept well informed and involved in decisions about their case, when staff communicated respectfully and listened with empathy, and when they felt that the help they received adequately addressed their needs. These factors had the greatest influence on how positively clients experienced the service.

Service providers highlighted deep systemic gaps. Only 25% reported having adequate resources, with frequent shortages of post exposure prophylaxis, emergency contraception, rape kits, gloves, forms, and private spaces for examinations or counseling. Staffing constraints were severe: 70% reported insufficient personnel, with many GBV desks run by a single officer or clinician. Although 60% of service providers had received GBV training, health workers were twice as likely as police officers to lack formal training, yet both groups rated their confidence very high, raising concerns about inaccuracies in documentation and medico-legal evidence handling.

Overall, the study highlights that while both sectors play crucial roles in GBV response, systemic weaknesses, resource shortages, limited staff, training gaps, informal payments, and fragmented referral pathways continue to undermine survivor safety, wellbeing, and justice. Refugee survivors face compounded risks, including language challenges, stigma, and fear of retaliation.

Background

Gender-Based Violence (GBV) remains a significant public health and human rights concern in Uganda. Nearly 50% of women aged 15–49 have experienced intimate partner violence, and 30% report abuse within the past year. In Wakiso District, particularly in Nansana Municipality, community studies link GBV incidents to economic stress and alcohol abuse, while in urban Kampala, the problem is exacerbated by overcrowding and social inequality.

Impacts of Gender Based Violence on Women's Health: A Case Study in Nansana Municipality, Wakiso District.

While screening in ART clinics shows high uptake (90%) and referral (19%), there is limited data on client perceptions of the response quality, especially regarding satisfaction with services in police stations and health facilities.

Implementation of gender-based violence screening guidelines in public HIV treatment programs.

Gender based violence (GBV) cuts across nationality and status, affecting both host and refugee communities. While Ugandan citizens face systemic barriers to reporting and seeking justice, refugee women often experience compounded risks due to displacement, poverty, language barriers, and fear of stigma or reprisal. This convergence of vulnerabilities demonstrates that GBV is not confined to one group but is a pervasive crisis that demands a coordinated response addressing both the needs of refugees and the broader Ugandan population.

SEMA Community Engagement Report 2025



“Every single day, i receive a domestic violence case involving refugees, and too often, refugee children arrive alone, looking for their mothers.”

A police officer at Old Kampala Police Station shared:



Such testimonies highlight systemic challenges such as a lack of empathy, delayed response, and lack of confidentiality, especially for refugee survivors who face added vulnerabilities such as language barriers, poverty, and fear of reprisal.

This study thus aims to assess how clients perceive the quality and satisfaction of GBV services in both police and health facility settings across Kampala and Wakiso Districts.

Methodology

Study Design

This study employed a cross-sectional mixed-methods design to assess client satisfaction with GBV response services in police stations and health facilities across Kampala and Wakiso Districts. The mixed methods approach enabled both the quantification of satisfaction levels and the exploration of underlying experiences and service dynamics.

The study consisted of two data collection components:

1. Quantitative Component:

A structured client exit survey was administered to 493 GBV survivors and affected persons, with an intentional equal distribution between police service points and health facilities. The survey captured experiences related to timeliness, provider attitude, confidentiality, empowerment, information sharing, and referral processes.

2. Qualitative Component:

40 in-depth interviews (IDIs) were conducted with frontline service providers, including:

- Police Child and Family Protection Unit (CFPU) officers
- Health facility GBV focal persons
- Clinicians and nurses providing GBV care

These interviews explored workplace constraints, training gaps, inter-agency coordination, and service provider perspectives on survivor-centered care.

Sampling Strategy

A systematic exit sampling approach was used to select clients who had just received services related to GBV reporting, medical care, psychosocial support, or referral. To ensure representation and reduce sampling bias, the sample was stratified along three dimensions

Stratification Variable

- District
- Service Point Type
- Demographic Variation

Stratification Variable

- Kampala and Wakiso
- 4 Police Division Stations, 4 Health Centre III/IV facilities
- Gender (female, male) and age groups (Youths above 18 years , adults, older persons)

Within each selected facility or police station, every eligible client was approached for participation, ensuring systematic inclusion while managing workload and workflow.

For the qualitative interviews, purposive sampling was used to ensure inclusion of:

- Senior and junior police officers working in GBV response
- Health workers directly involved in clinical and psychosocial care
- Practitioners in both urban and peri-urban contexts

This allowed the study to capture diverse operational experiences and contextual differences.

Data Collection and Analysis

- Quantitative and qualitative data was captured digitally using standardized survey tools and analyzed to generate descriptive statistics and satisfaction scores across service domains. Regression models were applied to identify predictors of satisfaction.

Triangulation of quantitative and qualitative findings enhanced validity and supported a comprehensive interpretation of client satisfaction patterns.

Findings

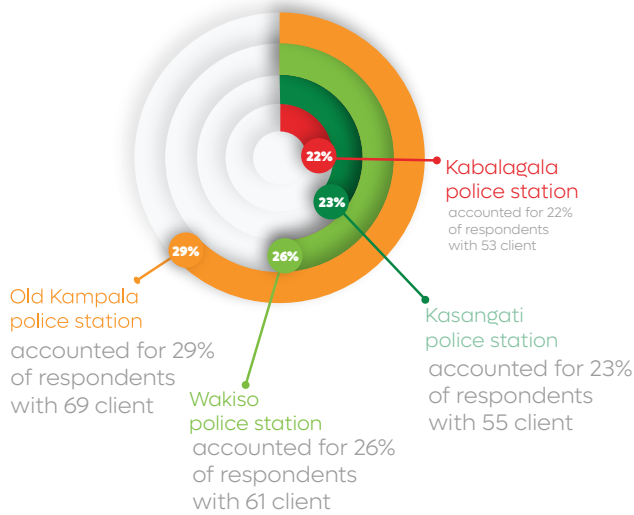
GBV-affected clients

Demographics

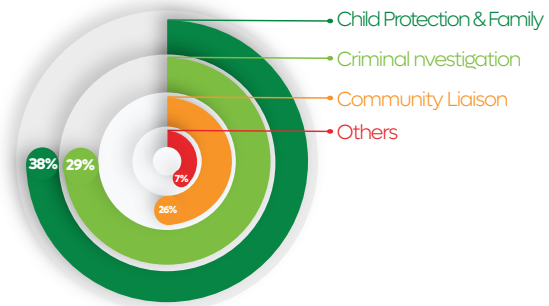
Distribution of Study Participants Across Facilities

A total of respondents were drawn from both police stations and health facilities across Kampala and Wakiso districts

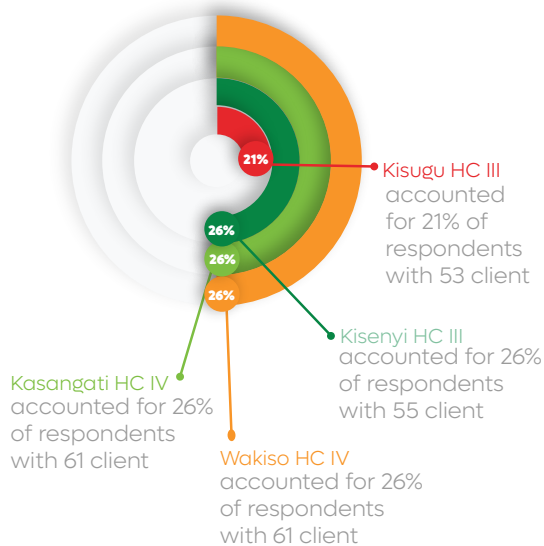
Police Station Distribution



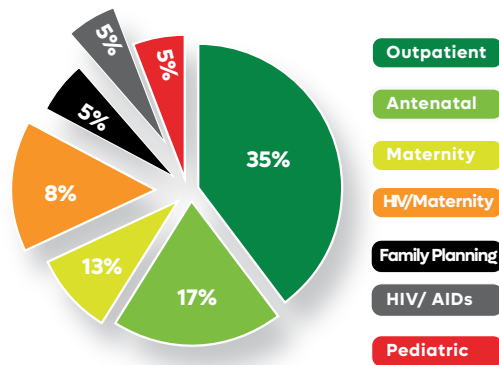
Police Station Department Distribution

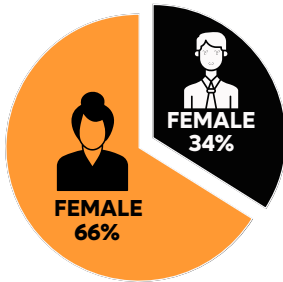


Health Facility Distribution



Health Facility Department Distribution

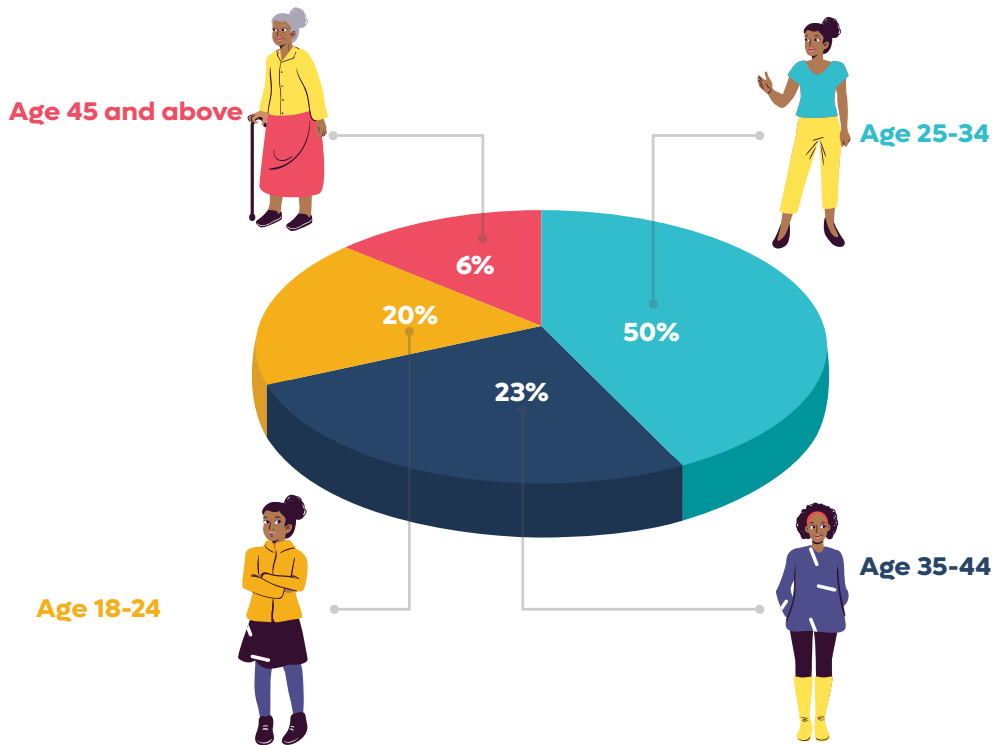




Female respondents formed the majority, reflecting the higher prevalence of GBV among women and girls. At police stations, 130 (55%) females and 194(76%) at health facilities

The presence of a relatively large number of male respondents indicates that men are also actively reporting or engaging in GBV-related cases. 107 (45%) at police stations and 62 (24%) at health facilities.

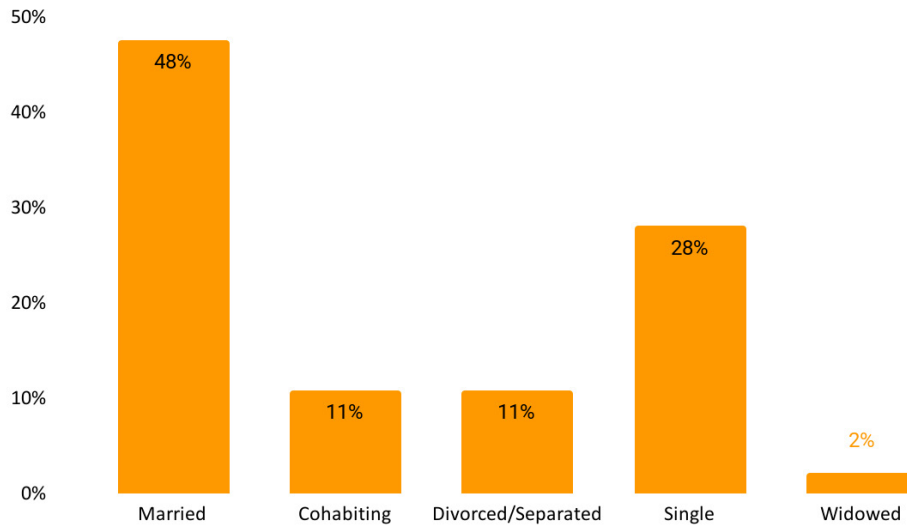
Age range of respondents



The majority of respondents were young to middle-aged adults, reflecting the population group most affected by or likely to report gender-based violence. Nearly half of all participants (49.9%) were between 25 and 34 years, followed by 23.3% in the 35–44 age group. Younger respondents aged 18–24 years accounted for 20.5%, while only 6.3% were aged 45 years and above.

This distribution suggests that GBV most frequently affects individuals in their economically active and reproductive years, when domestic and intimate partner relationships are most prevalent.

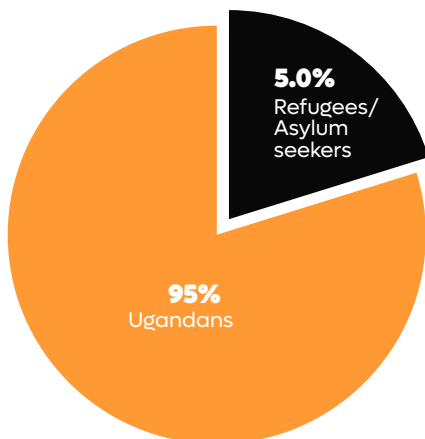
Marrital status of respondents



The majority of respondents were married, accounting for 48% of the total sample. Single individuals comprised 28%, representing the second-largest group. Those who were cohabiting and those who were divorced or separated each constituted 11% of respondents,

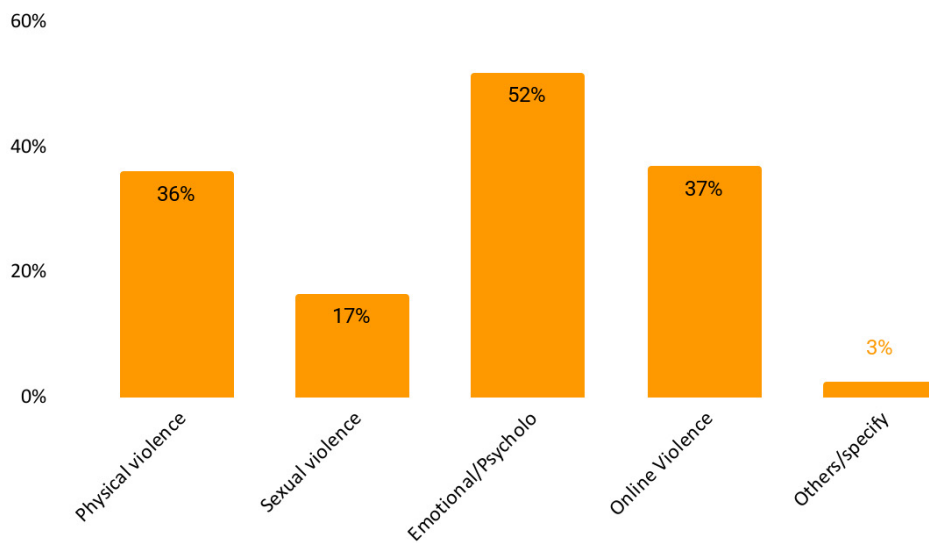
indicating a relatively equal proportion of these relationship statuses. A small minority, 2%, reported being widowed. Overall, the data suggest that nearly half of the participants were in formal marital unions, while the remainder were distributed across other categories of marital status.

Nationality



The vast majority of respondents were Ugandan nationals (95%), with a smaller proportion (5%) identifying as refugees or asylum seekers. This pattern reflects the general demographic composition of Kampala and Wakiso districts, which host large Ugandan populations alongside smaller but significant refugee communities. Among the refugee and asylum-seeking respondents, the majority originated from Eritrea (21.7%), followed by smaller proportions from South Sudan (4.4%) and the Democratic Republic of Congo (4.4%)

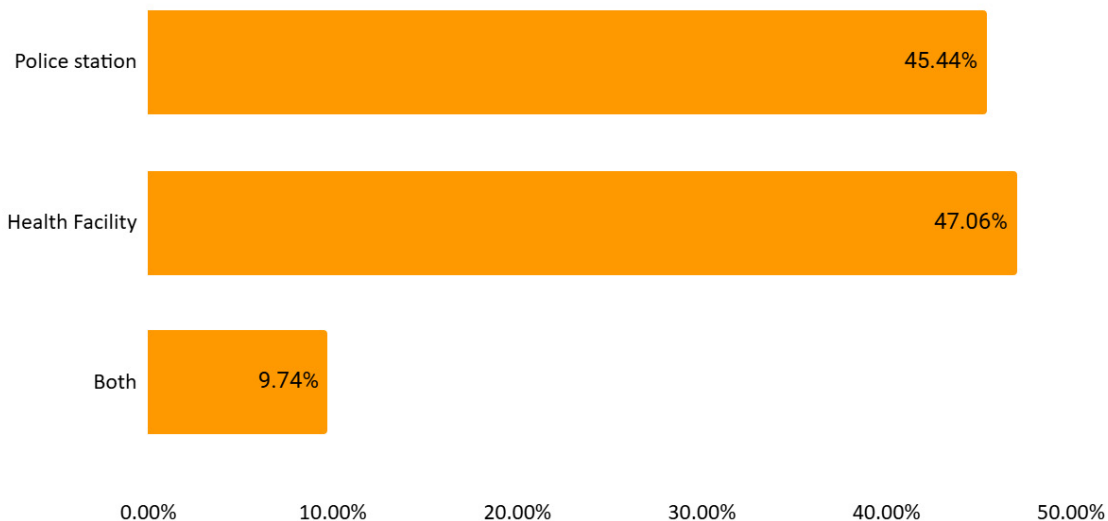
Type of GBV Case Experienced



Respondents reported exposure to multiple forms of gender-based violence. Emotional or psychological violence was the most commonly reported, affecting 52% of respondents. This highlights the pervasive yet often underrecognized impact of verbal abuse, intimidation, and controlling behavior on survivors' mental health and well-being.

Physical violence was reported by 36% of participants, underscoring the continued prevalence of assaults and injuries within intimate and household relationships. Online violence, affecting 37%, emerged as a growing concern, particularly among younger respondents, indicating the increasing use of digital platforms for harassment, stalking, or exploitation. Sexual violence was reported by 17% of respondents, while 3% cited other forms, including economic deprivation and property denial.

Point of Service Seeking



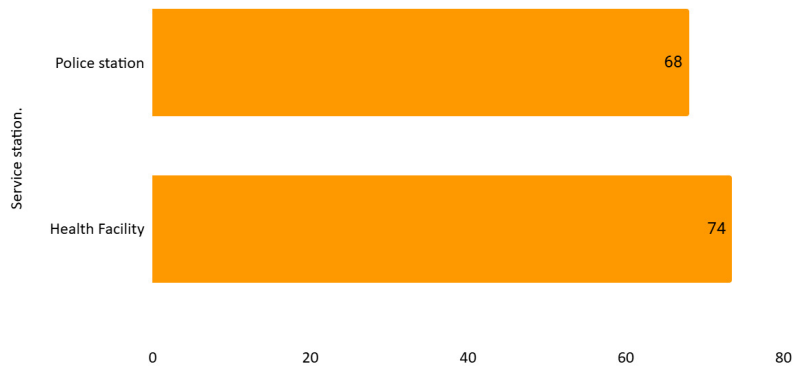
The majority of respondents sought help from either health facilities or police stations, reflecting the dual entry points available for GBV response in Uganda. Nearly half of the survivors (47.1%) accessed health facilities, while 45.4% reported seeking assistance from police stations. A smaller proportion (9.7%) sought services from both sectors, often reflecting cases that required both medical management and legal redress.

Average client satisfaction by service station

Overall, client satisfaction levels were relatively high across both service delivery points, though health facilities scored slightly higher than police stations. The average satisfaction score at health facilities was 74, compared to 68 at police stations.

This difference suggests that survivors generally felt more comfortable and supported within health facility settings, where they likely received empathetic care, medical attention, and privacy. In contrast, while police stations remain a critical access point for reporting and protection, lower satisfaction scores may reflect challenges such as limited confidentiality, long waiting times, or perceived lack of empathy during case handling.

Average client satisfaction at Police station Vs Health facility

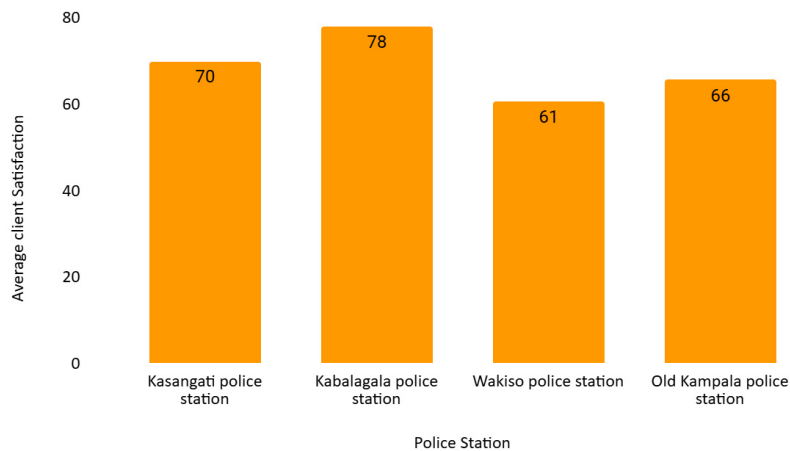


Average client satisfaction by police department

Client satisfaction levels varied notably across the four police stations assessed. The highest satisfaction was recorded at Kabalagala Police Station, with an average score of 78, suggesting relatively strong client engagement, timely response, and professionalism in handling GBV cases. Kasangati Police Station followed closely with a score of 70, reflecting a generally positive client experience.

In contrast, Old Kampala Police Station (66) and Wakiso Police Station (61) registered lower satisfaction scores, indicating areas that may require improvement, particularly in aspects such as empathy, confidentiality, and case follow-up.

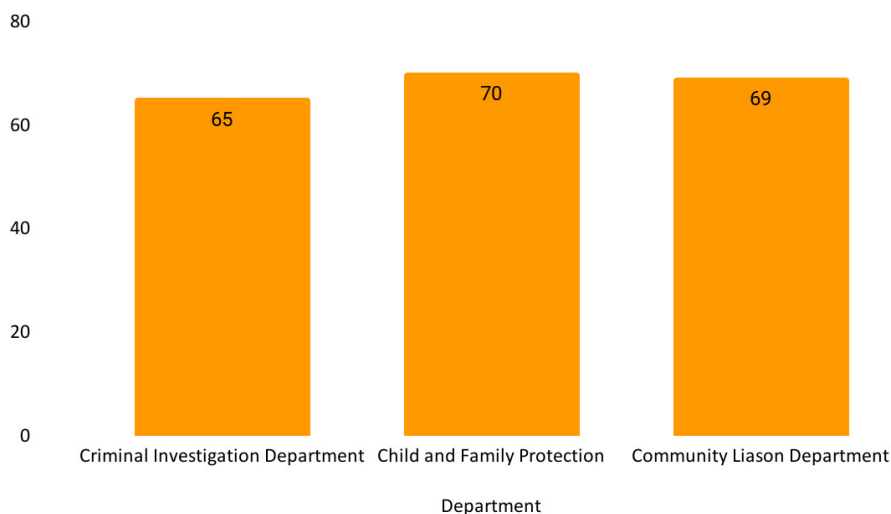
Average client Satisfaction per Police Station



Average client satisfaction by Police department

Across all police stations, the Child and Family Protection Unit (CFPU) recorded the highest average client satisfaction score of 70, reaffirming its reputation as the most survivor-centered and empathetic department in handling GBV cases. The Community Liaison Department followed closely with a score of 69, reflecting positive community engagement and responsiveness to clients. The Criminal Investigations Department (CID) had the lowest average satisfaction score at 65, suggesting potential challenges related to follow-up communication and procedural delays.

Average client satisfaction by police department



Average satisfaction scores across police departments revealed meaningful differences in how clients experienced GBV services within the various stations.

At Kabalagala Police Station, satisfaction was consistently high across all departments, with the Child and Family Protection Unit (79) achieving the top score, followed closely by the Criminal Investigations Department (78) and the Community Liaison Department (76). These findings suggest a strong, coordinated approach to survivor care and case handling in this division.



“ I reported my husband for beating me after a salary dispute. The officers recorded the case, issued a medical form (PF3), and referred me to the Family and Child Protection Unit for follow-up, which handled me well.” Respondent CPFU Kabalagala police station.

Kasangati Police Station demonstrated steady satisfaction levels across departments, all averaging around 70, indicating balanced service delivery and fairly uniform client experiences regardless of department.

In contrast, Wakiso Police Station recorded lower satisfaction scores overall, with CID (58), CFPU (66), and Community Liaison (60), pointing to areas that may need improvement, particularly in empathy, timeliness, and case follow-up

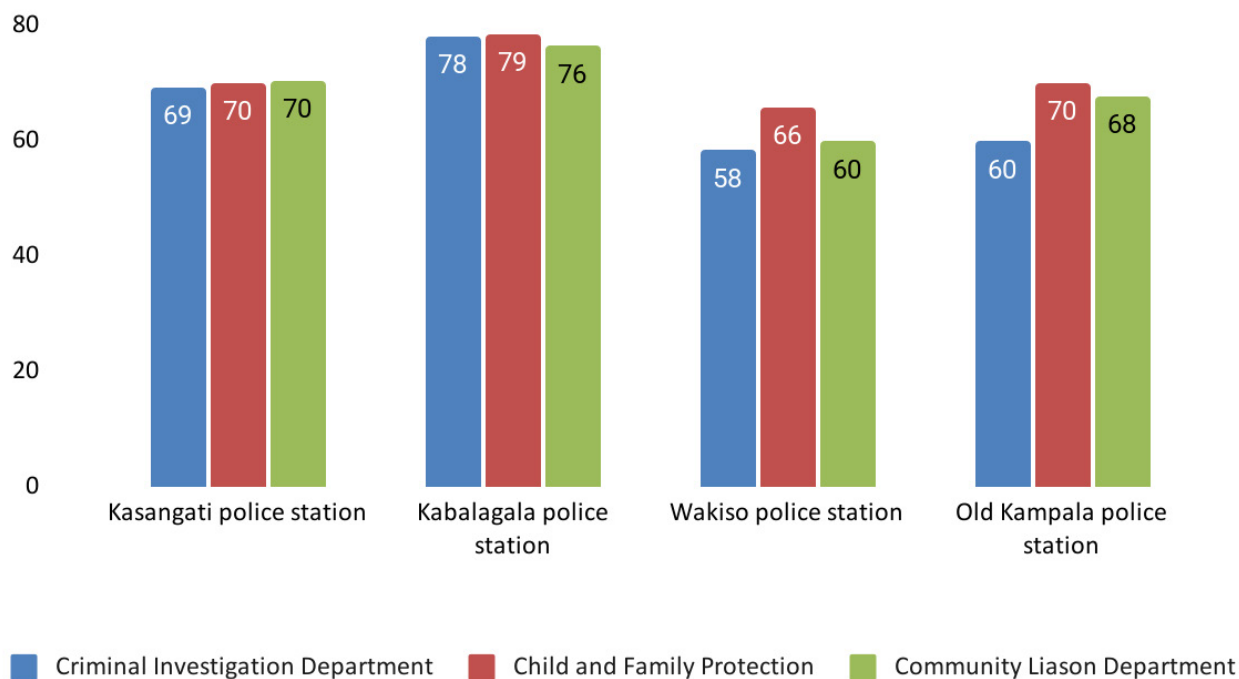


I paid the required money, but no meaningful follow up was done on our case. Instead, we were repeatedly asked to return for over a week without any progress or clear communication. Respondent from the Community Liason Department, Wakiso police station.

Old Kampala Police Station reflected moderate satisfaction levels, with the CFPU (70) again leading, followed by the Community Liaison Department (68) and CID (60).

Overall, the Child and Family Protection Units consistently scored highest across stations, reinforcing their critical role in providing survivor-centered, empathetic GBV response. However, the variation between departments and stations underscores the need for standardized quality assurance, refresher training, and stronger inter-departmental coordination to ensure consistent survivor experiences across all police divisions.

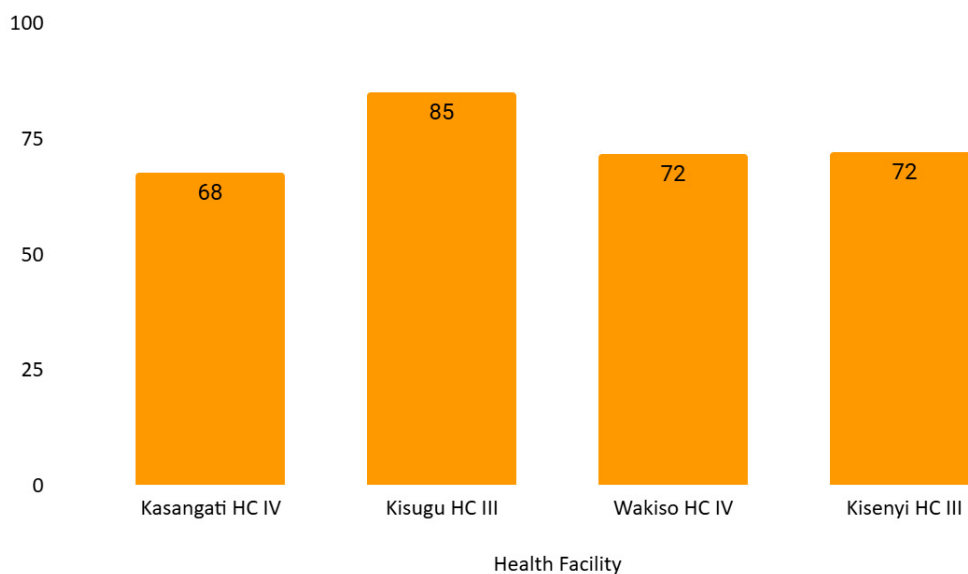
Average client satisfaction by police department



Average client satisfaction by Health facility

Satisfaction levels among clients varied across the four assessed health facilities. The highest satisfaction was recorded at Kisugu Health Centre III (85), indicating strong performance in client handling, empathy, and confidentiality. Wakiso HC IV and Kisenyi HC III both achieved scores of 72, reflecting generally positive client experiences with room for improvement, particularly in waiting times and follow-up care. Kasangati HC IV registered the lowest satisfaction score of 68. Kasangati HC IV and Wakiso HC IV have experienced significant staff losses following the closure of USAID-supported programs, and this has directly weakened their capacity to provide timely and effective GBV services. The reduction in personnel has increased workloads, reduced survivor support, and created gaps in clinical and psychosocial care.

Average satisfaction by health facility

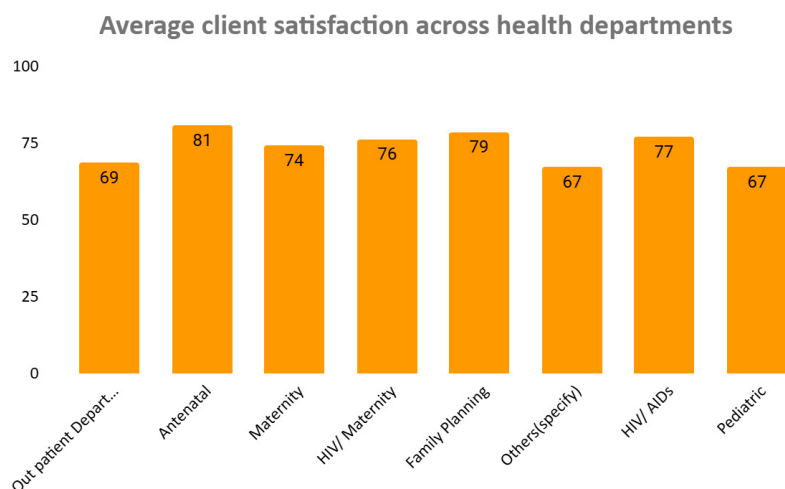


Average client satisfaction by Health facility department

Client satisfaction levels varied across different service departments, reflecting differences like care and the level of interaction between health workers and survivors. The Antenatal Department registered the highest satisfaction score (81), indicating that pregnant women often received respectful, supportive, and confidential care, an encouraging sign for integrating GBV screening into maternal health services.

The Family Planning (79) and HIV/Maternity (76) departments also showed strong satisfaction levels, likely due to ongoing counseling and follow-up systems that promote trust and continuity of care. The HIV/AIDS Clinic (77) recorded similarly positive feedback, suggesting that clients value the psychosocial support and privacy offered in these programs.

Moderate satisfaction was reported in the Maternity Ward (74) and Outpatient Department (69), while Pediatric and Other departments scored lower (67 each), possibly reflecting limited privacy or high patient volumes that affect individualized attention



Average client satisfaction by department across different health facilities.

Satisfaction levels varied both across health facilities and within departments, revealing differences in service quality and client experience depending on the department

At Kisugu Health Centre III, clients reported the highest overall satisfaction across nearly all departments, with exceptional scores in Maternity (92), HIV/AIDS Clinic (95), and Pediatrics (100). This indicates strong personalized care, effective counseling, and a supportive environment. Such consistently high ratings suggest a well-coordinated, client-centered approach in this facility.



I was assaulted by my husband after he learned I was HIV positive. He refused to take my ARVs and insulted me daily, but after reaching the health facility, I was attended to by the nurses and given more ARVs. Respondent from the HIV/AIDS Clinic, Kisigu Health Centre.

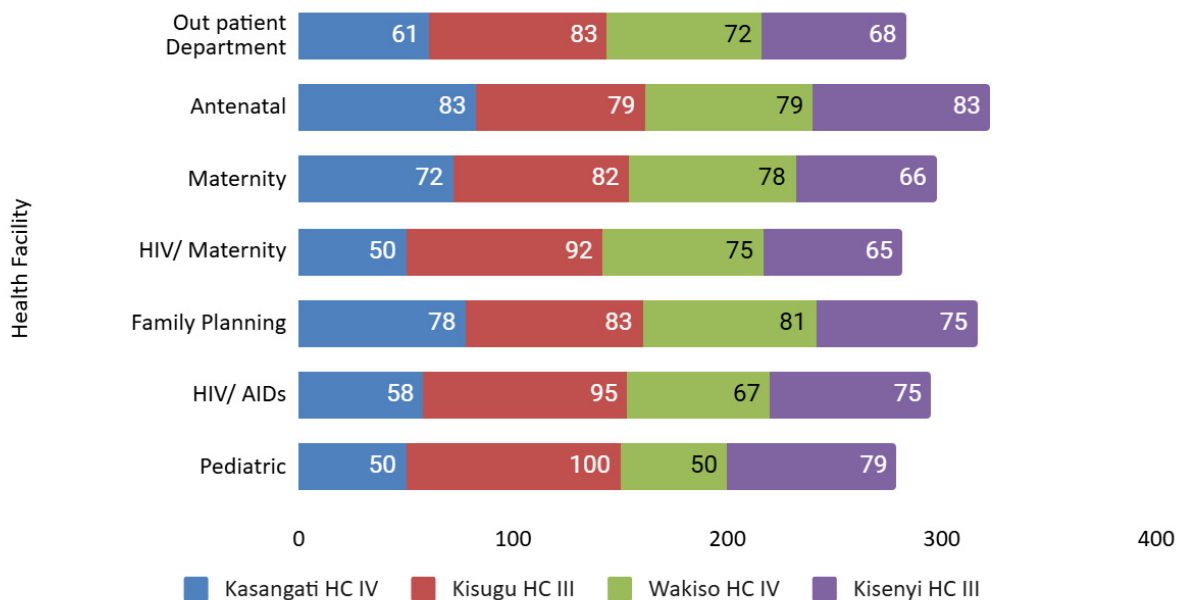
Kasangati Health Centre IV showed mixed performance, with excellent satisfaction in Antenatal (83) and Family Planning (78), but significantly lower ratings in HIV/Maternity (50), Pediatrics (50), and HIV/AIDS (58). These gaps point to the need for targeted improvements in specialized units, particularly those managing complex or sensitive GBV-related cases.

At Wakiso Health Centre IV, satisfaction remained moderately high and consistent, ranging from 67 to 81 across departments, with the Family Planning (81) and Antenatal (79) units performing best. This suggests good service integration and staff engagement, though pediatric and HIV/AIDS services may require additional focus to improve client experience.

The staff were few and patients were very many, which caused delays. I waited for a long time before I was helped, which frustrated me a lot. Respondent from the HIV/AIDS clinic at Kasangati HC IV.

Kisenyi Health Centre III demonstrated strong satisfaction in Antenatal (83) and Family Planning (75) departments, but lower ratings in Maternity (66) and HIV/Maternity (65). This may reflect challenges associated with workload and privacy in busy urban clinics.

Average client satisfaction per health facility department

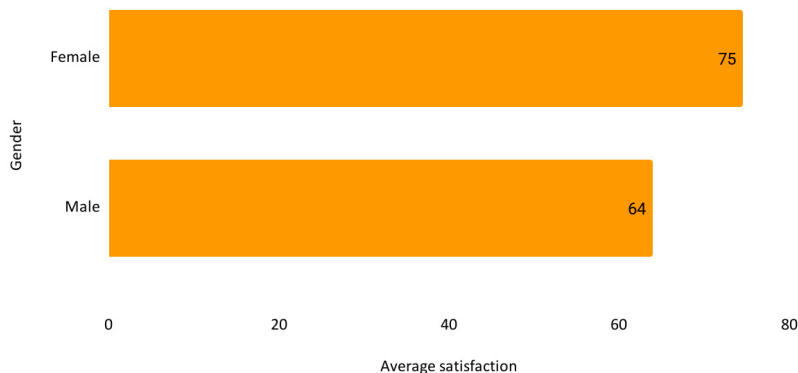


Average client satisfaction by gender

Analysis of satisfaction scores by gender revealed a notable difference in client experiences. Female respondents reported a higher average satisfaction score of 75, compared to 64 among male respondents.

This disparity suggests that female survivors generally felt more supported and understood during service interactions, possibly reflecting targeted GBV programs and staff sensitization efforts focused on women's needs. Conversely, the lower satisfaction among men may indicate barriers such as stigma, limited awareness, or perceived bias when seeking GBV-related services.

Average satisfaction by Gender



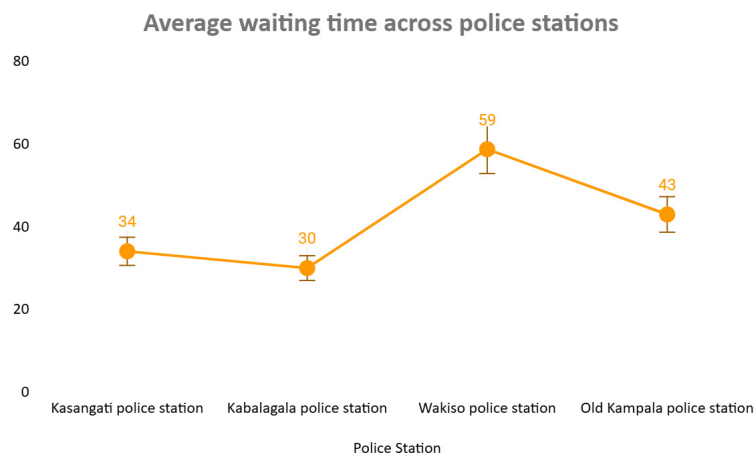
Average waiting time by service station

The average waiting time for clients was slightly longer in health facilities (47 minutes) compared to police stations (42 minutes). This difference likely reflects the higher client volumes and multiple service processes such as medical examinations, counseling, and documentation encountered in health facilities.

Average waiting time by service station

Average waiting times for GBV clients varied across police stations, reflecting differences in workload, staffing, and case management efficiency. The shortest waiting time was recorded at Kabalagala Police Station (30 minutes), suggesting efficient client flow and prompt response to GBV cases. Kasangati Police Station followed closely with an average of 34 minutes, also reflecting relatively quick service delivery.

In contrast, Wakiso Police Station registered the longest waiting time (59 minutes), likely due to high client volumes, limited personnel, or delays in case documentation. Old Kampala Police Station reported a moderate average waiting time of 43 minutes, consistent with its busy urban catchment area.

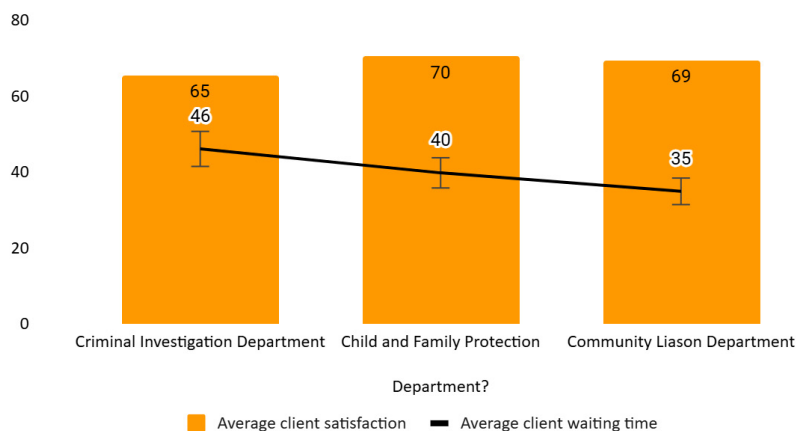


Average client satisfaction and waiting time by Police department

Across departments, there was a clear relationship between client satisfaction and service efficiency. The Child and Family Protection Unit (CFPU) achieved the highest satisfaction score (70) with a moderate average waiting time of 40 minutes, indicating that survivors valued both the empathy and timeliness of the response in this specialized unit.

The Community Liaison Department followed closely, with a satisfaction score of 69 and the shortest waiting time (35 minutes), reflecting efficient client engagement, often focused on guidance and referral support. In contrast, the Criminal Investigations Department (CID) recorded the lowest satisfaction (65) and the longest waiting time (46 minutes), likely due to the time-intensive nature of investigations and procedural documentation.

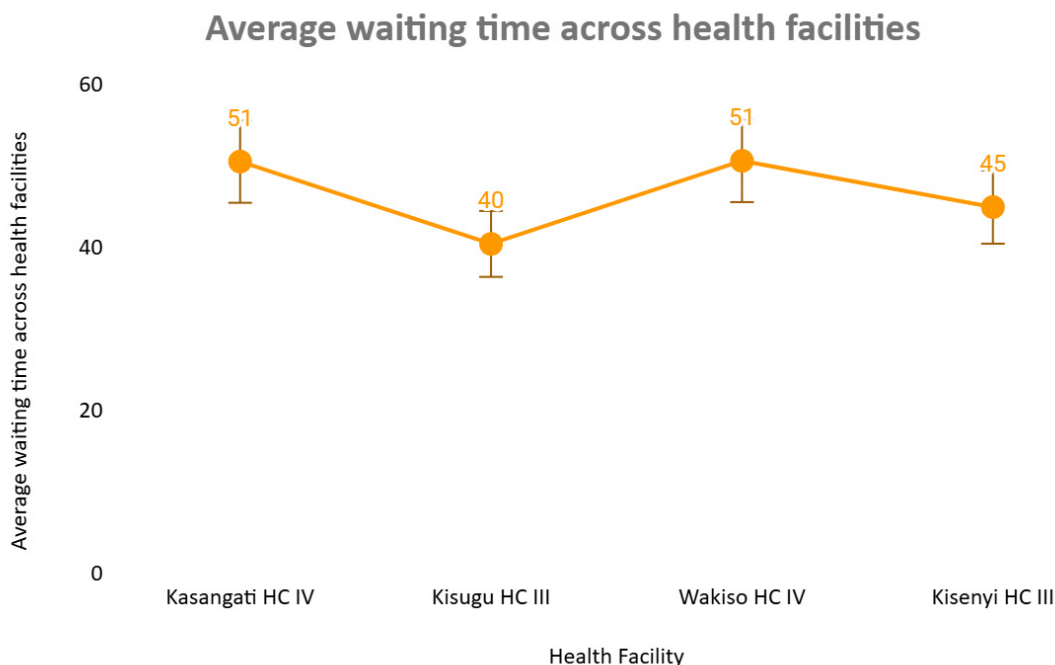
Average client satisfaction and Average client waiting time across police departments



Average waiting time across health facilities

Average waiting times varied moderately across health facilities, reflecting differences in patient load, staffing, and service flow. The shortest waiting time was observed at Kisugu Health Centre III (40 minutes), suggesting efficient client handling and lower congestion compared to larger facilities. Kisenyi HC III followed with an average waiting time of 45 minutes, reflecting a manageable flow despite its urban setting.

In contrast, both Kasangati HC IV and Wakiso HC IV recorded the longest waiting times (51 minutes each), likely due to higher patient volumes, more complex GBV-related consultations, and limited personnel.



Average client satisfaction and waiting time by department

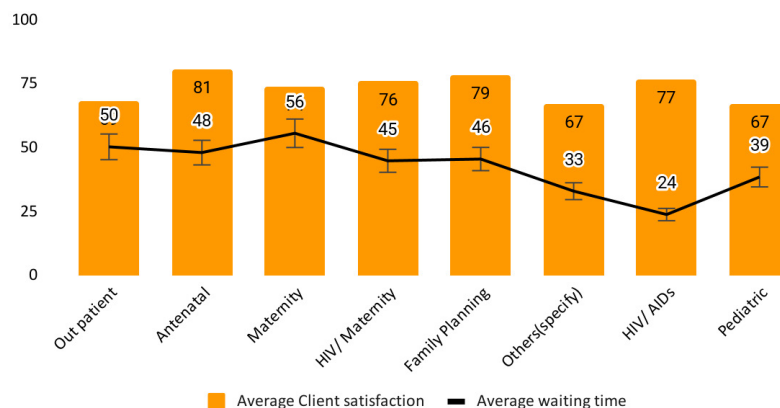
Analysis of satisfaction and waiting times across health facility departments revealed meaningful contrasts in service experience and efficiency.

The Antenatal Department demonstrated the highest satisfaction (81) with a moderate waiting time of 48 minutes, indicating that clients valued the empathetic and supportive care provided during antenatal visits despite moderate delays. Similarly, the Family Planning Department achieved a strong satisfaction score of 79 and a slightly shorter waiting time (46 minutes), suggesting efficient, client-focused service delivery.

Departments offering specialized or continuous care, such as HIV/Maternity (76 satisfaction; 45 minutes) and HIV/AIDS Clinics (77 satisfaction; 24 minutes), recorded both high satisfaction and relatively low waiting times, reflecting well-organized, appointment-based systems that prioritize privacy and follow-up care.

By contrast, Maternity (74 satisfaction; 56 minutes) and Outpatient Departments (69 satisfaction; 50 minutes) showed longer waiting times and lower satisfaction levels, likely due to high client volumes and the complexity of cases managed. Pediatric and Other departments reported both the lowest satisfaction (67) and relatively short waiting times, suggesting that clients may prioritize care quality and interpersonal engagement over time spent waiting.

Average client satisfaction and average waiting time across health facility departments



Clients' experience at police stations vs. health facilities

Overall, clients reported positive experiences at both police stations and health facilities, though health facilities consistently scored slightly higher across most indicators.

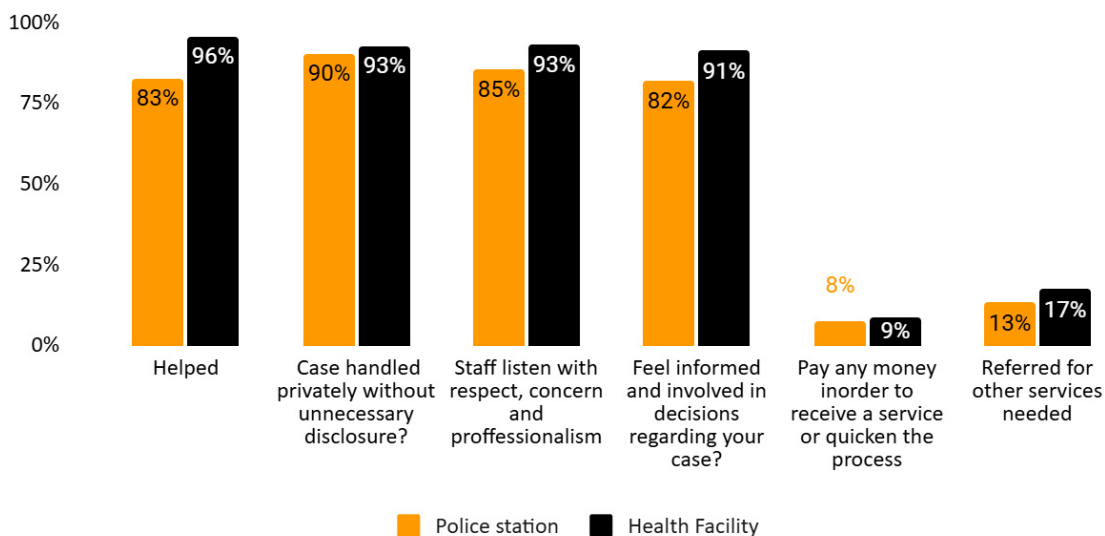
A majority of respondents at police stations (83%) felt they were adequately helped, while an even higher proportion (96%) at health facilities expressed satisfaction with the assistance received. Privacy and confidentiality were well maintained in both settings 90% of police clients and 93% of health facility clients reported that their cases were handled discreetly without unnecessary disclosure.

In terms of staff attitude and communication, 85% of police clients and 93% of health facility clients felt that staff listened with respect, concern, and professionalism. Similarly, a greater share of health facility clients (91%) reported feeling informed and involved in decisions regarding their case compared to 82% at police stations.

A small but notable proportion of clients indicated paying money to access or expedite services, 8% at police stations and 9% at health facilities, highlighting a persistent challenge related to informal fees.

Finally, referrals for additional services were more common in health facilities (17%) than in police stations (13%), reflecting stronger integration of health and psychosocial support networks within clinical settings.

Clients experience at Police station Vs Health Facility



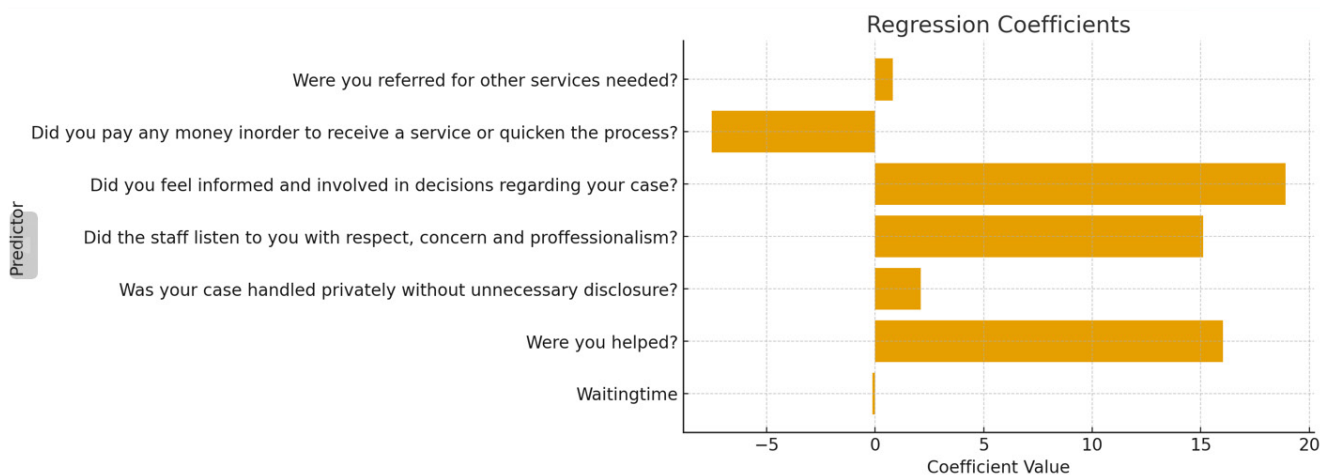
Factors influencing client satisfaction

The regression analysis conducted assessed the key factors that influence overall client satisfaction across service points.

The factors with the most substantial positive influence on client satisfaction were related to communication quality, respectful engagement, and client involvement. The most influential predictor was whether clients felt informed and involved in decisions regarding their case; then there was an increase of 19 in client satisfaction. This demonstrates that empowering clients with information and involving them in decision-making significantly enhances their satisfaction. Similarly, clients who reported that staff listened with respect, concern, and professionalism then there was an increase of 15 in client satisfaction. This confirms that empathetic and respectful communication remains a cornerstone of high-quality service delivery in GBV. Furthermore, clients who indicated that they received help recorded satisfaction scores that were 16 points higher than those who did not feel adequately supported. This underscores the importance of ensuring that clients not only receive a service but also perceive that the support provided was meaningful and effective.

The strongest negative influence on satisfaction was the presence of payments associated with receiving or fast-tracking services. Clients who reported paying money experienced a 7.5-point drop in satisfaction, highlighting a critical governance issue. This finding suggests that perceived or actual corruption directly erodes client trust and lowers overall service ratings.

While privacy and referrals remain crucial from a procedural standpoint, they did not independently predict satisfaction levels in this model, possibly due to uniformly good or bad performance across these indicators.



Trust in Services

The distribution of client responses regarding their trust in services reveals a generally positive perception, with most clients expressing moderate to high levels of trust. Out of the total responses, 70% rated trust at 4 or 5, indicating substantial confidence in the services provided.

The largest proportion of respondents, 29.41% selected 4, reflecting strong but not absolute trust. Closely following this, 25.35% gave the highest rating of 5, demonstrating very high trust in the service providers.

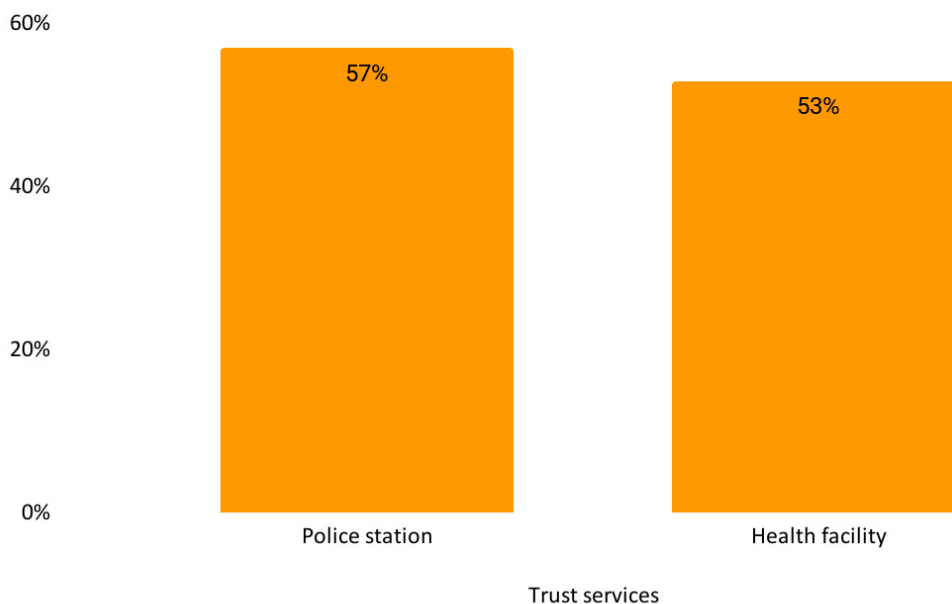
Middle-range trust 3 was reported by 15.21%, suggesting that a notable number of clients remain neutral or cautiously trusting. Lower trust levels were less common: 2 was selected by 17.24%, and 1 by only 12.78%.

Trust in services by the service station

Trust levels in service delivery vary slightly across the two main service points, assessed police stations and health facilities. Overall, 57% of clients reported trusting the services provided at police stations, while 53% expressed trust in services at health facilities. This suggests that although trust is moderately strong in both settings, police stations scored slightly higher in client confidence compared to health facilities. Health workers often express reluctance in handling GBV cases due to the considerable procedural burden associated with the legal process.

Many report that once a case enters the justice system, they are required to participate in prolonged documentation, repeated statement taking, and multiple court appearances, often with little facilitation and advance notice. These results highlight the need to continue strengthening trust-building elements across both settings, with particular attention to transparency, client engagement, and responsiveness factors shown to strongly influence satisfaction and trust.

Trust in services by service station



Challenges faced while seeking help

The majority of the respondents faced at least one significant barrier when seeking help. Their responses reveal a pattern of systemic obstacles that undermine timely, dignified, and survivor-centred GBV services.

Long waiting times and overcrowding

Delays were the most frequently cited challenge. Many survivors waited extended periods before being attended to, often in crowded and uncomfortable conditions. These long waits not only increased distress for survivors but also made some miss subsequent steps, such as medical exams or appointments.



“Delay in service delivery due to the large number seeking service from the same office.” Respondent from Wakiso HC IV

❖ **Confusion about procedures and where to go**

A significant number of survivors did not understand the service flow or the steps required to get help. Many moved between offices without clear guidance. In most cases, survivors relied on other clients or supportive staff to navigate the system, highlighting the absence of clear signage, orientation, or structured reception processes.



“I didn’t know which office to go into exactly.” Respondent from Kasangati police station.

❖ **Language barriers**

Communication barriers hindered access for clients who were not comfortable with the dominant language spoken at the facility. This created misunderstandings, discomfort, and sometimes a sense of exclusion at a time when survivors are already vulnerable.



“Language barrier, as the police officer I first met at the gate did not know Luganda.” Respondent from Old Kampala police station.

❖ **Financial constraints and perceived informal payments**

Survivors frequently mentioned financial burdens associated with seeking help. For many survivors, such financial demands were unexpected and distressing, especially because GBV services are officially meant to be free of charge.

❖ **Limited privacy and inadequate space**

Many survivors reported concerns about confidentiality due to congested environments and shared consultation areas. The lack of private, safe spaces compromises dignity and may discourage survivors from fully disclosing their experiences.



“I faced a challenge of limited privacy during consultations.” Respondent from Old Kampala Police Station.

Client based recommendations

The following recommendations reflect practical, actionable changes that clients believe would improve fairness, efficiency, and trust in service delivery. The clients highlight the need for timely services, transparency, respectful conduct, adequate staffing, and the elimination of informal payments.

- ❖ Clients consistently called for more timely, transparent, and fair service delivery at police stations. A key recommendation was that offices open early and all officers report on time, so that services begin promptly and clients are not kept waiting unnecessarily especially at Wakiso Police Station.
- ❖ Many clients strongly emphasized that GBV and related police services should be completely free of charge, with no informal payments required to open cases, investigate, arrest suspects, retrieve property, or receive updates. They urged police officers to stop asking for extra money and to handle cases with integrity and transparency.
- ❖ Another recurring recommendation was the need for faster investigations and clear communication. Clients asked for final decisions to be made within reasonable timeframes and for officers to clearly explain reasons for delays, rather than asking clients to return repeatedly without updates.
- ❖ Clients also highlighted the need for increased staffing, noting that recruiting more officers would reduce waiting times, improve availability, and ensure that cases are handled more efficiently. This included appointing dedicated officers for specific functions, such as managing suspects' property, to avoid delays.
- ❖ Improved professional conduct and communication was also emphasized. Clients recommended that officers listen carefully, treat all cases seriously, avoid rude behavior, and be able to communicate in local languages to improve understanding. They further suggested community sensitization to help the public better understand police procedures and the law specifically for refugees and men where the case reporting rate is still very low.

GBV Service Providers

This report section presents findings from interviews with 40 service providers handling Gender-Based Violence (GBV) cases across four police stations (Kabalagala, Old Kampala, Kasangati, Wakiso) and four health facilities (Kasangati HC IV, Kisugu HC III, Kisenyi HC III).

The objective was to understand who is handling GBV, the volume and nature of cases, and the capacity, constraints, and support needs of frontline staff in both the health and police sectors.

Demographic

Most GBV service providers are mid-career professionals, with 50% aged 35–44 years, while the younger (25–34 years) and older (45+ years) groups each make up 25%. The workforce is nearly gender balanced, with 55% male and 45% female. This shows that GBV response is handled by a mature and diverse team across age and gender.

Age		Gender	
25-34	25%	Male	55%
35-44	50%	Female	45%
45+	25%		

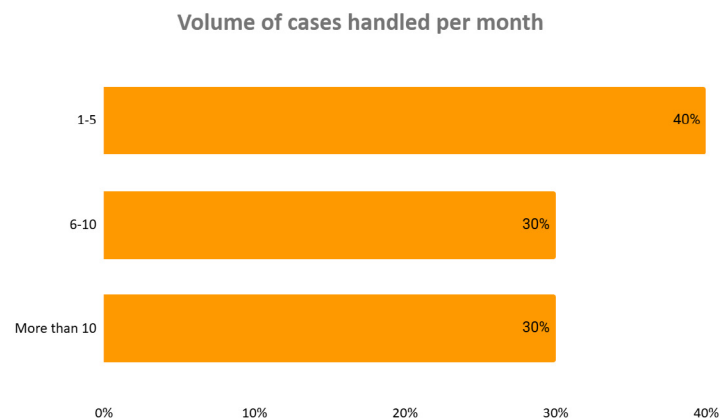
Roles and experience

Titles range from community liaison officers, CID officers, child and family protection officers, gender officers, homicide officers on the police side, to nurses, clinical officers, clinicians, counselors, midwives, and HIV department staff on the health side.

Service providers have substantial experience with GBV, with years of service handling GBV ranging from 2 to 6 years. These are not new staff; they have long-term exposure to GBV cases and therefore deep insights into system gaps.

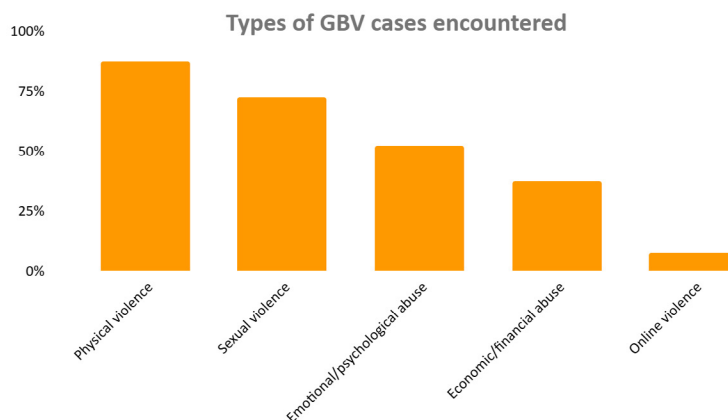
GBV caseload

The majority of service providers manage a steady flow of GBV cases every month. 40% handle between 1–5 cases, while 30% manage 6–10 cases, and another 30% handle more than 10 cases monthly. In total, 60% of all providers (24 out of 40) deal with more than five GBV cases each month, underscoring that GBV is not an occasional occurrence but a routine, high-demand component of their daily workload. This level of caseload highlights the sustained pressure on frontline staff and the need for consistent support, resources, and streamlined processes.



GBV cases encountered

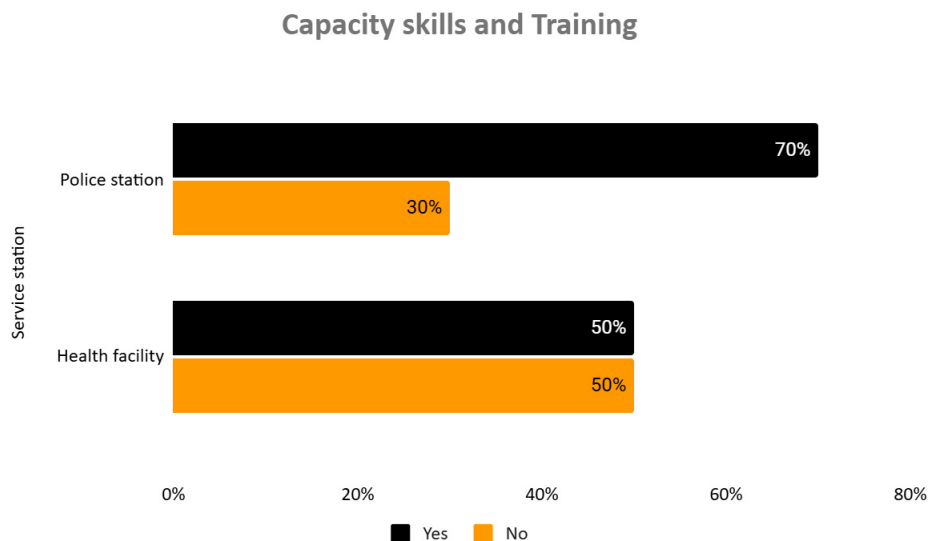
Physical and sexual violence make up the bulk of cases, reported by 87.5% and 72.5% of providers, respectively. However, substantial proportions also encounter emotional/psychological abuse (52.5%) and economic abuse (37.5%). Online violence remains low at 7.5% but is emerging, especially in urban areas. Overall, providers deal with a wide spectrum of GBV, with both severe physical forms and increasingly common non-physical forms appearing in their caseloads.



Capacity skills and training

60% of respondents have received formal training in handling GBV cases 40% have never received formal training. Training exposure differs noticeably between police officers and health workers. Among police respondents, 70% have received formal training in handling GBV cases, compared to only 50% of health facility staff. This means that health workers are twice as likely as police officers to have never received any formal training, despite being key actors in clinical assessment, documentation, and evidence gathering

Despite these gaps in formal training, both groups report high confidence levels. Among police officers, 95% rated their skills as Good or very good, while 90% of health workers reported the same.



Adequacy of resources

When asked whether they had adequate resources such as medical supplies, examination tools, PEP, documentation materials, and survivor-support items, the responses show a critical shortfall. Only 25% of all providers reported having adequate resources. 75% said they do not have the resources needed to support survivors

Police vs. Health Facility comparison: A closer look at the distribution shows that neither sector is adequately resourced, but health facilities face sharper shortages:

Police stations: more likely to report having some level of resources, largely related to office supplies and documentation tools. Health facilities: more likely to lack critical items such as PEP, EC, rape kits, gloves, and private examination space

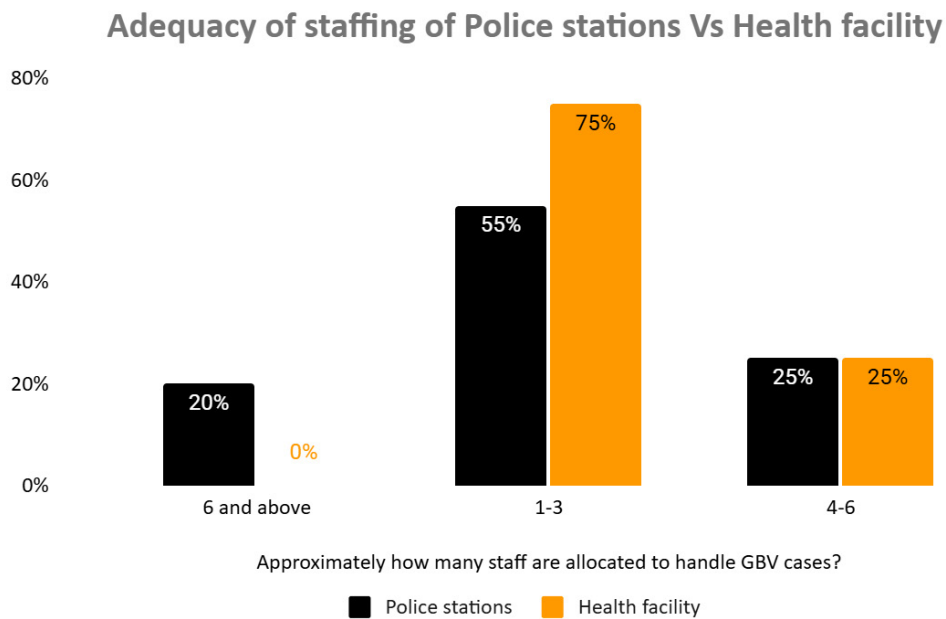
In both sectors, the majority feel that resource gaps directly affect their ability to support survivors with dignity and timeliness.

Staffing levels

When asked whether their station or facility has enough staff dedicated to GBV, 30% said Yes and 70% said No.

Police vs. Health Facility comparison: Police stations often operate with one officer per GBV desk, resulting in case backlogs and long waiting times. Health facilities report even deeper staffing gaps, especially during night shifts and weekends, where GBV cases often arrive late

Staffing levels for GBV case management are generally low across both police stations and health facilities. The majority of police stations (55%) and an even higher proportion of health facilities (75%) rely on only 1–3 staff members to manage GBV cases. While 25% of both police stations and health facilities have 4–6 staff, only 20% of police stations reported having six or more staff, and no health facility had staffing at that level



Challenges and needs

The service providers revealed systemic barriers that consistently undermine effective service delivery across both police stations and health facilities.

❖ **Heavy workload and limited staff:** Providers describe “very many cases” and only one or two staff dedicated to GBV in an office, leading to burnout and rushed care.

❖ **Late reporting and missed windows for care:** Several health workers note survivors arriving after 72 hours, when key interventions (like PEP and emergency contraception) are less effective.

❖ **Complex and lengthy court procedures:** Health workers, in particular, express fear and reluctance in handling GBV cases because of the long, time-consuming legal processes. They mention repeated court summons without facilitation, and anxiety about testifying in court or mishandling medico-legal evidence.

This leads to a situation where health workers fear handling GBV cases, not because they don't care, but because the justice pathway is exhausting and unfriendly to them as witnesses.

❖ **Inadequate infrastructure and supplies.** Lack of private rooms, inadequate examination space, and shortages of medical supplies (PEP, rape kits, pads, gloves, forms) make it difficult to provide dignified, confidential care.

❖ **Limited community awareness and stigma.** Survivors withdraw cases under family pressure, fear stigma, or lack trust in institutions. Some respondents mention that even fellow staff may side with perpetrators, especially in domestic disputes.



Recommendations

Based on the gaps identified across training, resources, staffing, and coordination, several actionable recommendations emerge to strengthen GBV service delivery. Implementing these measures would significantly improve the responsiveness, efficiency, and overall quality of GBV case management.

- ❖ **Strengthen training and competencies:** Scale up practical GBV training for all frontline staff (police and health), with a focus on Survivor-centred communication and trauma-informed care, and medico-legal documentation. Prioritise health workers, where half currently lack formal training.
- ❖ **Close resource gaps at the facility and police station level:** Ensure continuous availability of key commodities: PEP, EC, rape kits, gloves, stationery, standard forms. Create or refurbish private, safe rooms for GBV assessment and counselling. Equip facilities with basic tools for proper examination and evidence collection.
- ❖ **Address staffing and workload:** Designate GBV focal persons or teams in each station and facility, with protected time for GBV work. Advocate for additional staff in high-volume sites like Kasangati HC IV and Wakiso HC IV, which have lost USAID-supported personnel
- ❖ **Support providers to engage with the justice system:** Provide transport and allowances for staff attending court as witnesses. Develop simplified, step-by-step guides on legal processes for providers. Strengthen collaboration with prosecutors and judicial officers so that medico-legal evidence is used appropriately and staff are treated with respect.
- ❖ **Improve inter-institutional coordination and referrals:** Establish district GBV coordination mechanisms involving police, health, social welfare, legal aid and key NGOs. Standardise referral pathways and contact directories so that every survivor can be linked to required services and increase the proportion of clients referred for additional services beyond the current 15%.
- ❖ **Invest in community awareness and prevention:** Conduct sustained community sensitisation on GBV, rights, available services, and the importance of timely reporting. Engage local leaders, men's groups, women's groups, and youth to reduce stigma and case withdrawal. Use data from these surveys to design targeted messaging where trust and satisfaction are lowest.



Conclusion

- ❖ The findings of this study reveal a GBV response system that is deeply relied upon but unevenly equipped to meet survivor needs across Kampala and Wakiso Districts. With 493 survivors and 40 frontline service providers participating in the study, the findings offer a comprehensive picture of both progress and persistent systemic gaps.
- ❖ Survivor satisfaction remained moderately strong overall, with health facilities scoring an average of 74 compared to 68 at police stations. Yet, the variation across sites was striking. Kisugu HC III achieved a high of 85, while Wakiso Police Station recorded the lowest score at 61. These discrepancies reveal inconsistencies in service quality and point to the need for standardised survivor-centred practices across all facilities.
- ❖ Gender differences were also evident: female survivors reported an average satisfaction score of 75, substantially higher than the 64 reported by male survivors, suggesting that male survivors may face unique barriers or biases when seeking help. Similarly, waiting time analysis revealed that police stations performed slightly better (42 minutes) than health facilities (47 minutes), but problematic delays persisted in high-volume locations such as Wakiso Police Station, where survivors waited nearly an hour (59 minutes) before receiving assistance.
- ❖ Regression analysis showed that the strongest predictors of high satisfaction were: Being informed and involved in decisions about their case with a standardised coefficient of 19, respectful communication and empathetic listening with a standardised coefficient of 15 points, and feeling adequately helped with a standardised coefficient of 16.
- ❖ Service providers revealed equally pressing constraints. While 60% had received formal GBV training, a critical 40% had never been trained, particularly health workers, half of whom lack structured capacity-building despite handling sensitive medico-legal responsibilities. Resource shortages were almost universal: 75% of providers reported inadequate supplies, citing a lack of PEP, emergency contraception, rape kits, private rooms, and essential documentation materials. Staffing gaps were similarly acute, with 70% reporting insufficient personnel to effectively manage GBV cases.
- ❖ Survivors consistently show willingness to seek help 96% felt adequately helped in health facilities and 83% in police stations, and trust levels remain above 50% in both sectors, yet the system they rely on is strained, under-resourced, and vulnerable to inefficiencies and unethical practices.

- ❖ To build a GBV response system that is equitable, trauma-informed, and trusted, Kampala and Wakiso must prioritise investment in training, adequate staffing, reliable supply chains, stronger referral pathways, and meaningful institutional support for providers. Strengthening these foundations will help ensure that every survivor regardless of gender, age, or nationality receives timely, dignified, and effective care.
- ❖ In addition, frontline officers working at service stations play a critical role in shaping survivor experience and trust. Officers should place greater emphasis on clearly informing survivors about their cases, including expected timelines, next steps, and reasons for any delays. Communication should be respectful, consistent, and survivor centred, with deliberate attention to the specific needs of male survivors and refugee survivors, who may face additional stigma, language barriers, or fear of authorities. Finally, targeted efforts should be made to reduce waiting times, particularly at Wakiso Police Station, through better staff scheduling, triage, and case flow management.



Feedback Matters

Want to partner with us, work with us, give us feedback, share your ideas, or just talk?

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0800 203 062 (UG)



info@talktosema.org



www.talktosema.org



Ntinda Complex,
Block D, Room F1-01
Kampala (Uganda)



Amsterdam Law Hub,
Nieuwe Achtergracht 164, 1018WV,
Amsterdam (The Netherlands)