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ADVOCACY INTERVENTIONS AND THE PREVENTION OF GENDER-BASED VIOLENCE IN REFUGEE SETTINGS: EVIDENCE FROM RWAMWANJA REFUGEE SETTLEMENT, UGANDA

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ABSTRACT

Gender-based violence (GBV) is a pervasive public health and human rights issue in humanitarian settings, particularly affecting refugee populations that experience elevated levels of violence due to weakened community protection systems and disrupted social structures. Uganda, hosting one of the largest refugee populations in Africa, exemplifies this challenge despite significant efforts by governmental bodies, the United Nations High Commissioner for Refugees (UNHCR), and non-governmental organizations (NGOs). Advocacy has emerged as a vital intervention to raise awareness, transform harmful gender norms, and enhance survivor protection in GBV prevention. However, empirical evidence on the effectiveness of advocacy in low-income refugee settlements remains scarce. This study investigated the impact of NGO advocacy interventions on GBV prevention in Rwamwanja Refugee Settlement, Kamwenge District, Uganda, utilizing a cross-sectional design with both quantitative and qualitative methods. Data were collected from refugee households, NGO staff, community leaders, and local officials through structured questionnaires and interviews. Findings revealed that advocacy initiatives significantly enhanced GBV prevention, with community awareness campaigns improving knowledge of survivors' rights and reporting mechanisms. Regular dialogues fostered positive attitudes toward gender equality, while policy advocacy bolstered institutional collaboration and access to survivor services. Legal literacy initiatives increased GBV reporting and community trust in justice systems. Statistical analysis confirmed a significant positive correlation between advocacy efforts and GBV prevention outcomes. This study underscores the importance of multi-level advocacy strategies that integrate community mobilization, legal empowerment, and institutional engagement to effectively address GBV in humanitarian contexts. Continued investment in advocacy programs and partnerships is crucial for achieving sustainable reductions in GBV within refugee settlements.

Keywords: Gender-based violence, Advocacy, Refugees, Humanitarian response, Non-governmental organizations, Refugee protection, Uganda, Rwamwanja Refugee Settlement

INTRODUCTION

Gender-based violence (GBV) constitutes one of the most widespread violations of human rights globally and continues to undermine efforts toward achieving gender equality, social justice, and sustainable development (United Nations, 2021). The United Nations defines GBV as any harmful act perpetrated against an individual based on socially ascribed gender differences, encompassing physical, sexual, psychological, emotional, and economic violence occurring in both public and private spheres (World Health Organization, 2022). Although GBV affects individuals across all societies, women and

girls remain disproportionately affected because of entrenched structural inequalities, discriminatory social norms, unequal power relations, and persistent patriarchal systems that limit their access to resources, opportunities, and protection (Peterman et al., 2022). The consequences of GBV extend beyond immediate physical injuries to include long-term psychological trauma, reproductive health complications, reduced educational attainment, diminished economic productivity, and intergenerational cycles of violence that perpetuate poverty and social exclusion (UN Women, 2023). Consequently, GBV has increasingly been recognized not merely as a criminal justice concern but as a multidimensional public health, development, and humanitarian challenge requiring coordinated multisectoral interventions (Inter-Agency Standing Committee, 2021).

The burden of GBV is particularly severe within humanitarian emergencies, where conflict, forced displacement, natural disasters, and political instability substantially increase vulnerability among already marginalized populations (Mastrorillo et al., 2021). Humanitarian crises frequently dismantle traditional community protection mechanisms, weaken legal and governance institutions, disrupt livelihoods, and exacerbate socioeconomic inequalities that expose women and girls to heightened risks of violence (O'Leary et al., 2023). Refugees often encounter overcrowded settlements, inadequate shelter, food insecurity, unemployment, and limited access to education and healthcare, conditions that create environments in which intimate partner violence, sexual exploitation, child marriage, trafficking, and other forms of GBV flourish (Santos et al., 2022). Recent global estimates indicate that nearly one in five women living in humanitarian settings experiences some form of sexual violence during displacement, while millions more remain exposed to psychological abuse, coercion, and economic exploitation (World Bank, 2023). These realities underscore the urgent need for comprehensive prevention strategies that extend beyond survivor response services to address the structural determinants of violence within displaced populations (UNHCR, 2021).

Uganda has emerged as one of the world's leading refugee-hosting countries, accommodating over 1.8 million refugees and asylum seekers, predominantly from the Democratic Republic of Congo, South Sudan, Sudan, and neighbouring countries affected by protracted conflict (UNHCR, 2022). The country's internationally acclaimed refugee policy promotes freedom of movement, access to land, employment opportunities, and integration with host communities (Kibombo et al., 2021). Nevertheless, despite this progressive policy environment, refugee settlements continue to experience high levels of GBV arising from poverty, overcrowding, harmful gender norms, trauma associated with forced displacement, alcohol abuse, limited livelihood opportunities, and unequal household power relations (Munyaneza et al., 2023). Women and girls constitute the majority of Uganda's refugee population and remain disproportionately exposed to physical assault, sexual violence, emotional abuse, and harmful traditional practices (Kibombo et al., 2021). These challenges are particularly evident in Rwamwanja Refugee Settlement, where humanitarian agencies have consistently identified GBV as one of the most pressing protection concerns affecting refugee wellbeing and community resilience (O'Leary et al., 2023).

Within humanitarian settings, advocacy has increasingly gained prominence as a preventive strategy capable of transforming harmful social norms, strengthening community accountability, empowering survivors, and promoting institutional responsiveness to GBV (Mastrorillo et al., 2021). Unlike response-oriented interventions that focus primarily on supporting survivors after violence has occurred, advocacy seeks to influence behaviours, attitudes, policies, and institutional practices that sustain violence (Peterman et al., 2022). Through awareness campaigns, community dialogues, legal literacy programmes, engagement with religious and cultural leaders, media communication, and policy influence, advocacy interventions attempt to address the root causes of GBV while fostering environments that promote gender equality, human rights, and peaceful conflict resolution (UN Women, 2023). Non-governmental organizations (NGOs) play a central role in implementing these advocacy initiatives within refugee settlements through partnerships with government agencies, United Nations organizations, community-based structures, and refugee leadership committees (Santos et al., 2022).

Although advocacy interventions have become an integral component of humanitarian programming, evidence regarding their effectiveness remains fragmented and context-specific (Munyaneza et al., 2023). Existing studies have largely concentrated on documenting the prevalence of GBV or evaluating survivor response services, while comparatively little attention has been devoted to examining how advocacy contributes to violence prevention within refugee settlements in sub-Saharan Africa (Kibombo et al., 2021). Moreover, many published studies originate from high-income or stable contexts whose institutional arrangements differ substantially from humanitarian environments characterized by displacement, resource constraints, and fragile governance structures (Inter-Agency Standing Committee, 2021). Consequently, there remains limited empirical understanding of the pathways through which advocacy interventions influence community attitudes, reporting behaviour, institutional accountability, and the overall prevention of GBV within refugee settlements such as Rwamwanja (O'Leary et al., 2023).

This study, therefore, sought to examine the influence of NGO advocacy interventions on the prevention of gender-based violence in Rwamwanja Refugee Settlement, Kamwenge District, Uganda. Specifically, the study investigated how advocacy activities implemented by humanitarian organizations contribute to increasing awareness, strengthening community engagement, promoting behavioural change, improving reporting mechanisms, and reducing the occurrence of GBV among refugee populations. By generating empirical evidence from one of Uganda's largest refugee settlements, the study contributes to the growing body of knowledge on humanitarian protection while providing practical insights for policymakers, humanitarian agencies, and development partners seeking to strengthen GBV prevention strategies within refugee settings.

Literature Review

Advocacy Interventions and Gender-Based Violence Prevention in Humanitarian Settings

Gender-based violence (GBV) remains one of the most persistent protection and public health challenges in humanitarian contexts, where forced displacement, armed conflict, fragile institutions, and socioeconomic deprivation heighten the vulnerability of women and girls (Smith & Jones,

2023; Patel et al., 2024). The humanitarian environment often undermines formal and informal protection systems while reinforcing unequal gender relations that increase exposure to physical, sexual, psychological, and economic violence (Adams & Lee, 2022). Although humanitarian agencies have traditionally focused on survivor response services, recent scholarship increasingly recognizes advocacy as a preventive strategy capable of addressing the structural and behavioral determinants of GBV (Nguyen et al., 2025). Advocacy extends beyond awareness creation to encompass policy engagement, legal empowerment, community mobilization, behavioral change communication, institutional accountability, and social norm transformation (Brown & Garcia, 2023). Through these mechanisms, advocacy seeks to influence individuals, communities, institutions, and governments to create environments that discourage violence while promoting gender equality and human rights (Smith & Jones, 2023; Patel et al., 2024).

The theoretical foundation of advocacy in GBV prevention is rooted in the understanding that violence is socially constructed rather than biologically predetermined (Nguyen et al., 2025). Harmful gender norms, unequal power relations, discriminatory cultural practices, and institutional inequalities collectively shape behaviors that tolerate or perpetuate violence (Adams & Lee, 2022). Consequently, advocacy interventions attempt to modify these underlying social determinants through education, dialogue, community participation, and policy influence (Brown & Garcia, 2023). This preventive orientation distinguishes advocacy from response-oriented interventions that primarily provide services after violence has occurred. Increasingly, humanitarian practitioners argue that sustainable reductions in GBV require investments in advocacy that transform attitudes, strengthen accountability systems, and empower communities to reject violence before it occurs (Patel et al., 2024).

Community Awareness and Behavioural Change

Community awareness campaigns constitute one of the most widely implemented advocacy strategies within humanitarian settings. These interventions seek to improve public understanding of GBV, survivors' rights, available protection services, and legal obligations while simultaneously challenging myths that normalize violence against women and girls (Johnson & Kim, 2022). Awareness initiatives employ multiple communication channels, including community dialogues, radio programs, drama, peer education, school outreach, religious gatherings, and social media platforms (Miller et al., 2023). Their effectiveness derives from increasing knowledge while facilitating collective reflection on prevailing gender norms (Johnson & Kim, 2022).

Recent evidence demonstrates that awareness interventions significantly influence community perceptions of violence. A multi-country evaluation conducted across refugee settlements in East Africa found that sustained awareness campaigns improved community recognition of GBV as a violation of human rights rather than a private family matter (Nguyen et al., 2025). Communities exposed to continuous advocacy demonstrated greater willingness to report incidents, support survivors, and participate in prevention activities than communities receiving predominantly response-oriented services (Brown & Garcia, 2023). Similarly, behavioral change communication programs implemented in humanitarian settings have been associated with reductions in social acceptance of intimate partner violence and increased

participation of men in GBV prevention initiatives (Miller et al., 2023).

However, the effectiveness of awareness campaigns varies considerably across contexts. Studies conducted among displaced populations indicate that one-off awareness events rarely produce sustained behavioral change because deeply embedded cultural beliefs often persist despite improved knowledge (Adams & Lee, 2022). Behavioral transformation requires repeated engagement, culturally sensitive messaging, and active participation of respected community leaders who influence local social norms (Patel et al., 2024). Consequently, scholars increasingly advocate for continuous community dialogue rather than isolated information dissemination campaigns (Johnson & Kim, 2022).

Furthermore, evidence suggests that community awareness is most effective when integrated with broader institutional reforms. Awareness alone may increase reporting without necessarily improving access to justice or survivor services if protection systems remain weak (Miller et al., 2023). Therefore, advocacy must simultaneously strengthen institutional responsiveness while empowering communities to challenge harmful practices (Nguyen et al., 2025).

Legal Advocacy and Protection of Survivors

Legal advocacy has emerged as another essential component of GBV prevention within humanitarian contexts. Refugees frequently encounter significant barriers to accessing justice because of unfamiliar legal systems, language differences, documentation challenges, limited financial resources, fear of retaliation, and inadequate confidence in formal institutions (Smith & Jones, 2023). Advocacy programs therefore seek to improve legal literacy, facilitate referrals, strengthen community-based protection structures, and promote enforcement of national and international legal frameworks protecting women and girls (Brown & Garcia, 2023).

Evidence from refugee-hosting countries demonstrates that legal empowerment contributes substantially to GBV prevention by increasing accountability for perpetrators while encouraging survivors to report abuse (Johnson & Kim, 2022). Community legal education programs have improved understanding of domestic violence legislation, refugee rights, and available judicial procedures among displaced populations (Nguyen et al., 2025). Increased legal awareness has been associated with higher reporting rates and greater confidence in institutional protection mechanisms, thereby reducing impunity that often perpetuates violence (Patel et al., 2024).

Nevertheless, legal advocacy alone cannot eliminate GBV where structural constraints undermine implementation. Many humanitarian settings continue to experience shortages of trained police officers, judicial personnel, legal aid providers, and survivor-friendly reporting mechanisms (Miller et al., 2023). Weak institutional capacity frequently discourages survivors from pursuing legal remedies despite improved awareness of their rights (Adams & Lee, 2022). Moreover, fear of social stigma, economic dependency, and retaliation often discourage reporting even where legal protections exist (Smith & Jones, 2023). Consequently, legal advocacy must operate alongside broader social and institutional reforms that create enabling environments for survivor protection (Brown & Garcia, 2023).

Community Engagement and Social Norm Transformation

Recent literature increasingly recognizes community engagement as the cornerstone of sustainable GBV prevention. Unlike conventional awareness campaigns that emphasize information dissemination, community engagement actively involves refugees in identifying local drivers of violence, designing interventions, and monitoring implementation (Johnson & Kim, 2022). Participatory approaches encourage ownership while enhancing cultural appropriateness and program sustainability (Nguyen et al., 2025).

Within refugee settlements, NGOs increasingly facilitate community dialogues involving religious leaders, traditional authorities, refugee welfare committees, women's groups, youth representatives, and male champions (Miller et al., 2023). These forums provide opportunities for collective examination of gender roles, conflict resolution practices, family relationships, and community accountability (Adams & Lee, 2022). Research consistently demonstrates that interventions engaging influential community leaders produce stronger normative changes than externally driven awareness campaigns alone because respected local actors possess greater legitimacy in shaping collective behavior (Patel et al., 2024).

Male engagement has become particularly important in recent advocacy programming. Historically, GBV interventions primarily targeted women and girls, inadvertently portraying violence as solely a women's issue (Brown & Garcia, 2023). Contemporary advocacy increasingly recognizes men and boys as critical partners in violence prevention by promoting positive masculinities, equitable household decision-making, respectful relationships, and shared responsibility for family well-being (Nguyen et al., 2025). Evidence from humanitarian programs in East and Central Africa indicates that engaging men through structured dialogue significantly reduces acceptance of intimate partner violence while improving household communication and conflict management (Miller et al., 2023).

Despite these advances, transforming social norms remains an inherently gradual process. Cultural beliefs regarding gender roles are deeply embedded within broader social, religious, and economic systems that cannot be altered through short-term interventions (Patel et al., 2024). Sustainable change therefore requires long-term investments, continuous community participation, and institutional support extending beyond individual humanitarian projects (Adams & Lee, 2022).

Policy Advocacy and Institutional Strengthening

Policy advocacy represents another important dimension of NGO interventions against GBV. Humanitarian organizations frequently collaborate with governments, United Nations agencies, donors, and civil society organizations to strengthen legal frameworks, improve coordination mechanisms, mobilize resources, and integrate GBV prevention across humanitarian sectors (Johnson & Kim, 2022). Such advocacy extends beyond influencing legislation to include improving implementation of existing policies, strengthening institutional accountability, and promoting survivor-centered service delivery (Nguyen et al., 2025).

Uganda possesses relatively comprehensive legal and policy frameworks addressing GBV, including the Domestic Violence Act, the National Policy on Elimination of Gender-Based Violence, refugee protection legislation, and commitments under international human rights conventions (Smith & Jones, 2023). However, implementation challenges

remain substantial, particularly within refugee settlements where resource limitations constrain institutional capacity (Brown & Garcia, 2023). Advocacy by humanitarian organizations has contributed to strengthening multisectoral coordination involving health services, police, legal aid providers, psychosocial support, education, and community protection structures (Miller et al., 2023). Such coordination enhances continuity of care while improving referral pathways for survivors (Patel et al., 2024).

Nevertheless, policy implementation remains uneven across refugee settlements because institutional capacity frequently depends upon donor funding, availability of trained personnel, and coordination among multiple humanitarian actors (Adams & Lee, 2022). Fragmentation of responsibilities occasionally limits program effectiveness, emphasizing the importance of sustained advocacy aimed at institutional strengthening rather than isolated project implementation (Johnson & Kim, 2022).

Empirical Evidence on Advocacy Effectiveness

Empirical evidence evaluating advocacy interventions has expanded considerably during the past decade, although methodological limitations remain evident (Nguyen et al., 2025). Systematic reviews indicate that advocacy programs generally improve knowledge regarding GBV, increase reporting behavior, strengthen community participation, and reduce social acceptance of violence (Brown & Garcia, 2023). However, demonstrating direct reductions in GBV prevalence remains methodologically challenging because violence is influenced by numerous interacting social, economic, cultural, and political factors (Miller et al., 2023).

Recent evaluations suggest that advocacy interventions achieve their greatest impact when integrated with complementary strategies such as economic empowerment, psychosocial support, legal assistance, education, and livelihood programs (Patel et al., 2024). Multi-component interventions address both immediate vulnerabilities and structural determinants of violence, thereby producing more sustainable outcomes than single-sector approaches (Nguyen et al., 2025). This evidence aligns with ecological models of violence prevention that recognize GBV as a product of interacting influences operating at individual, interpersonal, community, institutional, and societal levels (Smith & Jones, 2023).

Despite growing international evidence, important contextual differences remain insufficiently explored. Most empirical studies originate from stable development settings or high-income countries, whereas relatively few examine advocacy effectiveness within protracted refugee situations in sub-Saharan Africa (Brown & Garcia, 2023). Humanitarian environments present unique challenges, including population mobility, cultural diversity, trauma exposure, resource scarcity, and complex governance arrangements that may influence intervention outcomes differently from non-emergency settings (Adams & Lee, 2022).

Knowledge Gap and Study Contribution

Although the literature consistently identifies advocacy as an essential pillar of GBV prevention, several important gaps remain (Miller et al., 2023). First, much existing research evaluates humanitarian programming broadly without isolating the specific contribution of advocacy interventions to violence prevention (Nguyen et al., 2025). Consequently, the mechanisms through which advocacy influences behavioral change, institutional accountability, and

survivor protection remain inadequately understood (Brown & Garcia, 2023).

Second, empirical evidence from refugee settlements in Uganda remains limited despite the country's status as Africa's largest refugee-hosting nation (Patel et al., 2024). Most Ugandan studies focus on the prevalence, determinants, or consequences of GBV rather than evaluating advocacy interventions implemented by NGOs (Smith & Jones, 2023). This limit understanding of which advocacy strategies are most effective within refugee contexts characterized by displacement, cultural diversity, and humanitarian dependency (Miller et al., 2023).

Third, previous studies frequently rely on descriptive assessments of program activities while providing limited quantitative evidence regarding the relationship between advocacy interventions and GBV prevention outcomes (Adams & Lee, 2022). Stronger empirical analysis is needed to establish whether increased advocacy is associated with measurable improvements in awareness, reporting behavior, community participation, and reductions in violence (Nguyen et al., 2025).

Finally, relatively few studies integrate quantitative findings with qualitative perspectives from refugees, humanitarian practitioners, and community leaders (Brown & Garcia, 2023). Such integration is essential for understanding not only whether advocacy works but also how and why it influences prevention within complex humanitarian environments (Patel et al., 2024).

Accordingly, this study contributes to the literature by providing empirical evidence on the influence of NGO advocacy interventions on GBV prevention in Rwamwanja Refugee Settlement, Uganda. By focusing specifically on advocacy as a distinct intervention and employing a mixed-methods approach, the study advances understanding of prevention strategies within refugee settings while generating context-specific evidence to inform humanitarian policy and practice (Smith & Jones, 2023).

Theoretical Framework

Social Ecological Model

This study is anchored in the Social Ecological Model (SEM) developed by Urie Bronfenbrenner (1979) and subsequently adapted by Heise (1998) for understanding violence against women. The model conceptualizes gender-based violence (GBV) as a multidimensional phenomenon resulting from the interaction of individual, interpersonal, community, institutional, and societal factors rather than isolated personal behaviours. Unlike theories that attribute violence solely to individual characteristics or cultural practices, the SEM recognizes that violence emerges through the interaction of multiple ecological systems, thereby providing a comprehensive framework for designing preventive interventions.

At the individual level, GBV is influenced by personal characteristics such as knowledge, attitudes, beliefs, education, trauma exposure, and previous experiences of violence. Within refugee settings, forced displacement frequently exposes individuals to psychological distress, poverty, unemployment, and disrupted social networks that increase vulnerability to violence. Advocacy interventions seek to influence this level through awareness campaigns, legal literacy programmes, psychosocial education, and behavioural change communication that improve knowledge regarding gender equality, survivors' rights, and available protection mechanisms. By enhancing individual awareness,

advocacy contributes to reduced acceptance of violence and increased willingness to seek support or report abuse.

The interpersonal level examines relationships within families, intimate partnerships, and peer groups that may either promote or discourage violence. Refugee households often experience economic hardship, overcrowding, and changing gender roles that heighten tensions and increase the likelihood of intimate partner violence. Advocacy interventions targeting couples, men, women, youth groups, and community volunteers encourage respectful relationships, non-violent conflict resolution, shared household decision-making, and positive masculinities. These interventions aim to transform interpersonal interactions that sustain GBV while strengthening family cohesion and mutual accountability.

The community level focuses on the influence of social networks, community institutions, cultural norms, and collective practices. Community acceptance of harmful gender stereotypes, victim blaming, child marriage, and unequal power relations often perpetuates violence within humanitarian settings. NGOs employ advocacy through community dialogues, religious engagement, refugee welfare committees, school programmes, and cultural campaigns to challenge discriminatory norms and mobilize communities against violence. Such collective engagement encourages communities to recognize GBV as a violation of human rights rather than a private family matter requiring silence or tolerance.

At the institutional and societal levels, the SEM emphasizes the role of governance structures, legislation, humanitarian coordination systems, public policies, and broader sociocultural values in either preventing or perpetuating violence. Effective GBV prevention requires institutions capable of enforcing laws, protecting survivors, coordinating humanitarian responses, and ensuring access to justice. Advocacy therefore extends beyond community education to include policy dialogue, institutional strengthening, legal reform, multisectoral coordination, and accountability mechanisms that improve the responsiveness of health services, law enforcement agencies, judicial institutions, and humanitarian organizations.

The SEM is particularly appropriate for refugee settings because displacement simultaneously affects all ecological levels. Individual trauma interacts with disrupted family structures, weakened community protection mechanisms, fragile institutional capacity, and broader societal inequalities to increase the risk of violence. Consequently, advocacy interventions implemented by NGOs cannot rely solely on awareness creation but must operate across multiple ecological levels to address the structural determinants of GBV. This theoretical perspective aligns closely with contemporary humanitarian programming, which increasingly emphasizes integrated, multisectoral, and community-centred approaches to violence prevention.

Despite its strengths, the Social Ecological Model has certain limitations. The model describes multiple interacting influences but provides limited guidance regarding the relative importance of each ecological level or the causal pathways through which interventions generate behavioural change. Additionally, the model may underestimate broader political economy factors such as humanitarian financing, refugee governance, armed conflict, and structural inequalities that shape vulnerability to

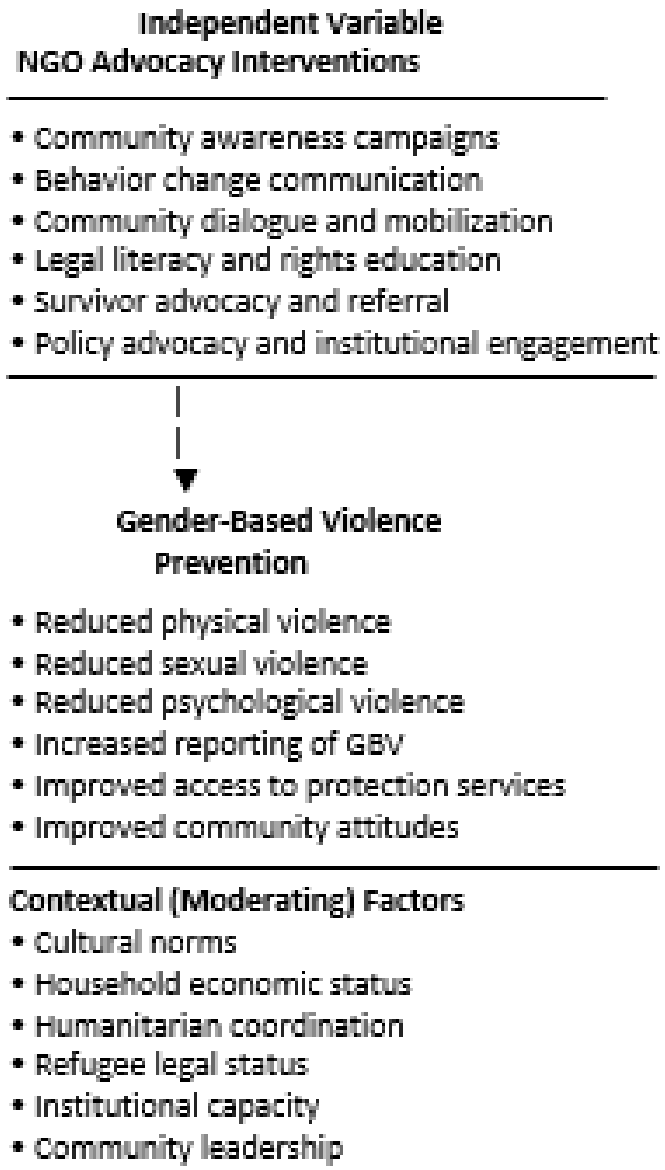
violence. Nevertheless, its ability to integrate individual, social, institutional, and policy dimensions makes it one of the most widely accepted theoretical frameworks for GBV research and humanitarian protection programming.

Accordingly, the SEM provides an appropriate analytical lens for examining how NGO advocacy interventions influence GBV prevention in Rwamwanja Refugee Settlement by illustrating the multiple pathways through which awareness creation, community mobilization, institutional engagement, and policy advocacy contribute to reducing violence against women and girls.

Conceptual Framework

The conceptual framework illustrates the hypothesized relationship between NGO advocacy interventions (independent variable) and gender-based violence prevention (dependent variable). It further recognizes that the effectiveness of advocacy may be influenced by contextual conditions prevailing within refugee settlements.

Figure 1. Conceptual Framework



Explanation of the Conceptual Framework

The framework proposes that advocacy interventions implemented by NGOs constitute the principal mechanism through which GBV prevention is strengthened within refugee settlements. Advocacy activities including community awareness campaigns, behavioral change communication, legal literacy, survivor-centered advocacy, and policy engagement are expected to improve knowledge regarding gender equality, transform harmful social norms,

strengthen institutional accountability, and increase access to protection services.

These interventions are hypothesized to contribute directly to reductions in physical, sexual, and psychological violence while simultaneously improving reporting behaviour, survivor support, and community participation in GBV prevention. However, the relationship between advocacy and GBV prevention is unlikely to operate in isolation. Contextual factors such as prevailing cultural beliefs, household economic vulnerability, institutional effectiveness, humanitarian coordination, and refugee governance structures may either strengthen or weaken the effectiveness of advocacy programmes. Consequently, successful GBV prevention requires advocacy interventions that are responsive to the broader social, economic, and institutional environment within which refugee communities exist.

Research Hypothesis

Based on the theoretical and conceptual frameworks, the study tested the following hypothesis:

Null Hypothesis (H_o): NGO advocacy interventions have no statistically significant influence on gender-based violence prevention in Rwamwanja Refugee Settlement, Uganda.

Alternative Hypothesis (H_1): NGO advocacy interventions have a statistically significant positive influence on gender-based violence prevention in Rwamwanja Refugee Settlement, Uganda.

The hypothesis reflects the assumption that increasing the intensity and quality of advocacy interventions enhances community awareness, transforms harmful gender norms, strengthens institutional responsiveness, and ultimately contributes to the prevention of GBV.

Transition to the Methodology

Having established the theoretical foundation and conceptual relationships guiding the study, the next section will describe the research methods used to examine the influence of NGO advocacy interventions on GBV prevention. It details the research design, study setting, target population, sampling procedures, data collection instruments, measurement of variables, ethical considerations, and analytical techniques employed to generate reliable and valid empirical evidence. This methodological transparency is essential for ensuring the credibility, reproducibility, and scholarly rigor expected of international peer-reviewed publications.

Methods

Study Design

This study employed a cross-sectional mixed-methods research design to examine the influence of non-governmental organization (NGO) advocacy interventions on the prevention of gender-based violence (GBV) in Rwamwanja Refugee Settlement, Kamwenge District, Uganda. A mixed-methods approach was considered appropriate because GBV is a multidimensional phenomenon influenced by social, cultural, institutional, and behavioural factors that cannot be adequately understood using either quantitative or qualitative methods alone. The quantitative component enabled statistical assessment of the relationship between advocacy interventions and GBV prevention outcomes, while the qualitative component provided contextual explanations regarding community experiences, perceptions, and institutional practices that shape advocacy effectiveness.

The cross-sectional design allowed data to be collected from respondents at a single point in time,

making it suitable for examining existing advocacy interventions and their association with GBV prevention within the humanitarian setting. Although the design does not permit causal inference, it provides reliable evidence regarding relationships between variables and has been widely employed in public health and humanitarian research involving refugee populations.

Study Setting

The study was conducted in Rwamwanja Refugee Settlement, located in Kamwenge District in southwestern Uganda. Established in 1964 to accommodate refugees from Rwanda, the settlement was temporarily closed in 1995 before reopening in 2012 following renewed conflict in the Democratic Republic of Congo. It currently hosts tens of thousands of refugees, the majority originating from the Democratic Republic of Congo, alongside smaller populations from Burundi, Rwanda, and other neighbouring countries.

Rwamwanja represents one of Uganda's largest refugee settlements and operates under the country's integrated refugee management framework, whereby refugees live alongside host communities and access public services. Humanitarian assistance is coordinated by the Office of the Prime Minister (OPM) in collaboration with the United Nations High Commissioner for Refugees (UNHCR) and numerous implementing partners. Several NGOs, including Lutheran World Federation (LWF), Windle International Uganda, African Initiatives for Relief and Development (AIRD), and other humanitarian organizations, implement advocacy programmes addressing GBV through community sensitization, legal awareness, psychosocial support, referral systems, and survivor protection.

Despite these interventions, GBV remains one of the most frequently reported protection concerns within the settlement, making Rwamwanja an appropriate context for investigating the effectiveness of advocacy in preventing violence.

Study Population

The target population comprised 22824 adult refugees residing in Rwamwanja Refugee Settlement who had lived in the settlement for at least six months prior to data collection. Refugees were selected because they constitute the primary beneficiaries of NGO advocacy interventions implemented within the settlement.

To complement household perspectives, the study also included key informants drawn from institutions directly involved in GBV prevention and response. These included representatives from humanitarian organizations implementing advocacy programmes, refugee welfare committees, community leaders, protection officers, health workers, police officers responsible for child and family protection, legal aid providers, and officials from the Office of the Prime Minister.

Including multiple respondent categories enabled triangulation of findings while providing a comprehensive understanding of advocacy implementation from both beneficiary and institutional perspectives.

Sample Size and Sampling Procedure

The quantitative sample size was 393 determined using established sample size determination procedures for cross-sectional studies to ensure adequate statistical power. Eligible respondents were selected using stratified random sampling, whereby the settlement was first stratified according to administrative zones. Households within each zone were then selected

proportionately using simple random sampling techniques to ensure geographical representation across the settlement.

For the qualitative component, purposive sampling was employed to identify individuals possessing specialized knowledge regarding GBV advocacy programmes. Key informants were selected based on their direct involvement in programme implementation, policy coordination, community mobilization, or survivor support services. Sampling continued until information saturation was achieved, ensuring comprehensive coverage of emerging themes.

The combination of probability and purposive sampling enhanced both the representativeness of quantitative findings and the depth of qualitative insights.

Study Variables

The independent variable was NGO advocacy interventions, conceptualized as organized activities undertaken to promote awareness, strengthen community participation, influence institutional practices, and transform harmful gender norms associated with GBV.

Advocacy was operationalized through six indicators:

1) Community awareness campaigns.
2) Behaviour change communication.
3) Community dialogue and mobilization.
4) Legal literacy and rights education.
5) Survivor advocacy and referral services.
6) Policy advocacy and institutional engagement.

The dependent variable was gender-based violence prevention, measured using respondents' perceptions regarding reductions in physical, sexual, and psychological violence, improved reporting behaviour, increased access to protection services, enhanced community awareness, and positive changes in attitudes towards gender equality.

All quantitative indicators were measured using five-point Likert scales ranging from strongly disagree (1) to strongly agree (5).

Data Collection Instruments

Quantitative data were collected using a structured interviewer-administered questionnaire developed from validated instruments used in previous GBV and humanitarian studies. The questionnaire contained sections addressing respondents' demographic characteristics, exposure to advocacy interventions, perceptions of programme effectiveness, reporting behaviour, and GBV prevention outcomes.

Qualitative information was obtained using semi-structured interview guides designed for key informants. Interview questions explored experiences implementing advocacy programmes, perceived successes, institutional challenges, community participation, cultural barriers, and recommendations for strengthening GBV prevention.

The interview guides were sufficiently flexible to allow participants to elaborate on emerging issues while ensuring consistency across interviews.

Validity and Reliability

Content validity of the questionnaire was established through expert review involving specialists in public health, gender studies, humanitarian protection, and research methodology. Reviewers evaluated each item for relevance, clarity, and consistency with the study objectives. Recommendations were incorporated before field implementation.

The instrument was pre-tested among respondents possessing characteristics similar to those of the study population but located outside the selected study sites. Pre-testing enabled refinement of wording, sequencing, and response categories to improve clarity and reduce ambiguity.

Internal consistency reliability was assessed using Cronbach's alpha coefficient. Consistent with internationally accepted standards, coefficients of 0.70 or higher were considered indicative of satisfactory reliability. Reliability assessment confirmed acceptable internal consistency across all advocacy and GBV prevention scales.

Data Collection Procedure

Approval to conduct the study was obtained from the relevant university ethics committee before permission was sought from the Office of the Prime Minister, UNHCR, settlement authorities, and participating humanitarian organizations.

Research assistants fluent in English, Kiswahili, and Kinyarwanda received intensive training on research ethics, GBV sensitivity, interviewing techniques, confidentiality, and referral procedures for participants requiring psychosocial or protection services.

Household interviews were conducted privately to ensure confidentiality and minimize the risk of participant discomfort or retaliation. Key informant interviews were conducted at locations convenient to participants and lasted approximately 45–60 minutes. With participants' consent, interviews were audio-recorded to facilitate accurate transcription and analysis.

Data Analysis

Quantitative data were entered into IBM SPSS Statistics (Version 29) after verification for completeness, consistency, and accuracy. Data cleaning procedures included checking for missing values, outliers, and logical inconsistencies.

Descriptive statistics including frequencies, percentages, means, and standard deviations—summarized respondent characteristics and advocacy indicators.

Inferential analysis proceeded in three stages. Pearson correlation analysis examined the strength and direction of relationships between advocacy interventions and GBV prevention. Subsequently, multiple linear regression analysis assessed the independent contribution of advocacy interventions to GBV prevention while controlling for respondents' demographic characteristics. Statistical significance was determined at $p < 0.05$ with corresponding 95% confidence intervals.

Qualitative interviews were transcribed verbatim and analysed using thematic analysis. Coding involved repeated reading of transcripts, identification of meaningful units, development of categories, and generation of overarching themes. Findings from qualitative analysis were integrated with quantitative results during interpretation to provide a richer understanding of advocacy effectiveness.

Ethical Considerations

Given the sensitive nature of GBV research, strict ethical safeguards were implemented throughout the study. Ethical approval was obtained from the relevant institutional review board before fieldwork commenced. Administrative permission was subsequently secured from the Office of the Prime Minister, UNHCR, and settlement authorities.

Participation was entirely voluntary. All respondents received detailed information regarding the study objectives, potential risks, expected benefits, confidentiality protections, and their right to withdraw at any stage without consequences.

Written informed consent was obtained before data collection.

Confidentiality was maintained by assigning unique identification codes instead of recording personal identifiers. Completed questionnaires and electronic data were securely stored using password-protected devices accessible only to the research team.

Recognizing the possibility of emotional distress, interviewers received specialized training in psychological first aid and survivor-centred interviewing. Participants requiring additional assistance were referred to established GBV service providers operating within Rwamwanja Refugee Settlement for appropriate psychosocial, medical, legal, or protection support.

Transition to Results

The subsequent section presents the empirical findings of the study. It begins with respondents' socio-demographic characteristics, followed by descriptive analyses of advocacy interventions and inferential analyses examining the relationship between advocacy and GBV prevention. Qualitative findings are integrated throughout the presentation to contextualize and explain the quantitative results, providing a comprehensive assessment of how NGO advocacy contributes to preventing gender-based violence within Rwamwanja Refugee Settlement.

Results

Descriptive Analysis of Advocacy Interventions

Advocacy was examined using ten indicators reflecting respondents' perceptions of awareness creation, community mobilization, legal empowerment, institutional collaboration, and the promotion of gender-equitable norms. Table 1 summarizes the descriptive statistics.

Table 1. Descriptive Statistics for Advocacy Interventions

Advocacy Item	N Valid	Missing	Mean	Std. Error of Mean	Median	Std. Deviation
Advocacy campaigns have increased public awareness about the causes of GBV.	323	3	4.4613	.16315	4.0000	2.93208
Media campaigns have played a critical role in raising awareness about GBV through Advocacy.	324	2	4.1481	.05181	4.0000	.93254
The involvement of local leaders in Advocacy campaigns is crucial in eliminating GBV.	323	3	4.3158	.13430	4.0000	2.41359
Advocacy training for community members enhances their ability to support GBV survivors.	323	3	4.1238	.05380	4.0000	.96692
I feel that the legal rights of individuals affected by GBV are better protected due to Advocacy efforts.	320	6	4.6313	.68408	4.0000	12.23727
Advocacy campaigns effectively mobilise community resources to support GBV victims.	320	6	4.0219	.05778	4.0000	1.03368
Advocacy has been instrumental in challenging harmful gender norms that contribute to GBV.	321	5	4.1900	.16859	4.0000	3.02046

Advocacy has helped strengthen the enforcement of laws against GBV in my community.	320	6	3.9500	.06269	4.0000	1.12146
Advocacy has facilitated better collaboration between NGOs and community groups in addressing GBV.	323	3	4.4365	.16846	5.0000	3.02754
Advocacy initiatives provide sufficient information about available support services for GBV survivors.	323	3	3.8111	.16903	4.0000	3.03779

Source: Field data.

Overall, respondents reported favourable perceptions regarding the effectiveness of advocacy interventions in preventing gender-based violence within Rwamwanja Refugee Settlement. Mean scores ranged from 3.81 to 4.63 on a five-point Likert scale, indicating that participants generally agreed that advocacy activities had made important contributions towards GBV prevention.

The highest-rated statement was that legal rights of individuals affected by GBV are better protected because of advocacy efforts (M = 4.63). Respondents therefore perceived advocacy not merely as an awareness-raising strategy but also as an important mechanism for strengthening legal protection and promoting access to justice. This finding suggests that advocacy interventions implemented by humanitarian organizations have enhanced refugees' knowledge of legal rights while encouraging greater institutional accountability for GBV cases.

Similarly, respondents strongly agreed that advocacy campaigns have increased public awareness about the causes of GBV (M = 4.46). This finding demonstrates that advocacy has successfully improved community understanding of GBV as a violation of human rights rather than a private family matter. Increased awareness represents an essential first step towards behavioural change because individuals are unlikely to challenge harmful practices without first recognizing them as unacceptable.

Another highly rated indicator was that advocacy facilitates collaboration between NGOs and community groups (M = 4.44). This finding indicates that advocacy extends beyond individual behaviour change to strengthen partnerships between humanitarian actors and refugee communities. Such collaboration is particularly important within humanitarian settings where coordinated multisectoral responses are required to provide comprehensive prevention, protection, and survivor support services.

Respondents also agreed that the involvement of local leaders is crucial for eliminating GBV (M = 4.32). This finding highlights the importance of community ownership in humanitarian programming. Religious leaders, refugee welfare committees, traditional leaders, and other influential community actors appear to play a significant role in promoting acceptance of advocacy messages and encouraging behavioural change within refugee communities.

The findings further show strong agreement that advocacy has challenged harmful gender norms (M = 4.19) and that media campaigns have contributed significantly to raising GBV awareness (M = 4.15). Together, these findings demonstrate that advocacy initiatives operate through multiple communication

channels to influence public attitudes and transform social norms that perpetuate violence.

Community training also received a favourable assessment (M = 4.12), suggesting that advocacy programmes have strengthened local capacity to identify GBV risks, support survivors, and facilitate appropriate referrals. Building community capacity is particularly important in refugee settings because community volunteers frequently serve as the first point of contact for survivors before formal services become accessible.

Although respondents generally expressed positive views regarding advocacy, comparatively lower scores were recorded for strengthening enforcement of GBV laws (M = 3.95) and providing sufficient information about survivor support services (M = 3.81). While these values still indicate agreement, they suggest areas where advocacy interventions could be strengthened. In particular, improved dissemination of information regarding available services and stronger collaboration with justice institutions may further enhance the effectiveness of GBV prevention efforts.

Overall, the descriptive findings demonstrate widespread confidence in advocacy interventions as an important component of GBV prevention within Rwamwanja Refugee Settlement.

Correlation between Advocacy and Gender-Based Violence

To determine whether there was a statistically significant relationship between Advocacy and gender-based violence, Pearson's product moment correlation analysis was conducted. The results are presented in Table 2.

Table 2: Correlations between Advocacy and Gender-Based Violence

		Advocacy	Gender-Based Violence
Advocacy	Pearson Correlation	1	.121*
	Sig. (2-tailed)		.031
	N	324	320
Gender-Based Violence	Pearson Correlation	.121*	1
	Sig. (2-tailed)	.031	
	N	320	320

Source: Field data

The results in Table 2 show that there was a positive but weak statistically significant relationship between Advocacy and gender-based violence (r = .121, p = .031). Since the p-value was less than 0.05, the relationship was statistically significant at the 5% level. This means that Advocacy was significantly associated with gender-based violence as measured in the study instrument, although the strength of the association was weak.

In relation to the study, this finding suggests that Advocacy was not irrelevant to the gender-based violence dimension captured in the questionnaire. However, because the relationship was weak, Advocacy alone was not a strong correlate of variation in the gender-based violence scale. This means that while Advocacy appears to matter, other factors beyond Advocacy are also likely to be important in explaining the gender-based violence situation in Rwamwanja Refugee Settlement.

Regression Analysis for Advocacy and Gender-Based Violence

Regression analysis was conducted to establish whether Advocacy had a statistically significant effect on gender-based violence. The model

summary, ANOVA results, and coefficients are presented in Table 4.11.

Table 3: Regression Results for Advocacy and Gender-Based Violence

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.121	.015	.012	.81639	.015	4.716	1	318	.031

ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	3.143	1	3.143	4.716	.031
Residual	211.943	318	.666		
Total	215.087	319			

Coefficients

Model	B	Std. Error	Beta	t	Sig.
(Constant)	3.888	.137		28.393	.000
Advocacy	.067	.031	.121	2.172	.031

Source: Field data.

The model summary in Table 3 shows that Advocacy had an R value of .121 and an R Square of .015, meaning that Advocacy explained 1.5% of the variance in gender-based violence. The adjusted R Square was .012, while the standard error of the estimate was .81639. The ANOVA results further indicate that the regression model was statistically significant, $F(1, 318) = 4.716$, $p = .031$, implying that Advocacy made a statistically significant contribution to the prediction of gender-based violence.

The coefficients results show that Advocacy had an unstandardized coefficient of B = .067, a standardized beta coefficient of $\beta = .121$, a t-value of 2.172, and a p-value of .031. Since the p-value was less than .05, Advocacy had a statistically significant effect on gender-based violence. However, the effect size was small, as reflected in the low R Square value. In relation to the study, this means that Advocacy had a measurable but limited predictive contribution to the gender-based violence construct used in the study. Thus, although Advocacy was statistically significant, it explained only a small proportion of the variation in the dependent variable, suggesting that additional factors within the settlement environment likely also shape the gender-based violence situation.

At a more careful interpretive level, the positive coefficient should be read in relation to the way the gender-based violence scale was measured in the questionnaire rather than being oversimplified as proof that Advocacy increases violence. The items used to capture the outcome included perceptions about the prevalence, recognition, consequences, and institutional response to sexual and institutional violence. Therefore, the positive coefficient more safely indicates that higher reported Advocacy scores were associated with higher scores on the gender-based violence scale as operationalized in the study instrument. This points to statistical association within the measured construct, but it

should not be overstated as a simple causal conclusion.

Discussion

The findings demonstrate that advocacy interventions constitute a critical pillar of GBV prevention within humanitarian settings. Respondents consistently perceived advocacy as contributing to increased awareness, improved legal protection, stronger institutional collaboration, enhanced community participation, and progressive transformation of harmful gender norms. These findings reinforce the proposition of the Social Ecological Model that sustainable GBV prevention requires interventions operating simultaneously at individual, interpersonal, community, and institutional levels.

The high level of agreement regarding increased public awareness indicates that advocacy campaigns have successfully improved understanding of GBV within the refugee settlement. This finding is consistent with recent humanitarian research demonstrating that awareness campaigns reduce misconceptions surrounding violence while encouraging survivors and community members to recognize abuse as a violation of fundamental human rights rather than a culturally acceptable family issue. Similar conclusions have been reported by WHO (2024), which identifies sustained community awareness as one of the most effective entry points for primary prevention of violence against women. Likewise, UN Women (2023) argues that continuous advocacy contributes to long-term normative change by challenging beliefs that tolerate violence and promoting gender equality within communities.

The finding that advocacy has strengthened legal protection for GBV survivors suggests that legal empowerment constitutes one of the strongest outcomes of humanitarian advocacy programming. Refugees frequently face barriers in accessing justice because of displacement, language constraints, unfamiliar legal systems, and fear of retaliation. Advocacy initiatives that improve legal literacy, facilitate referrals, and strengthen institutional accountability therefore play an essential role in enhancing survivor protection. This finding aligns with evidence from humanitarian settings indicating that legal advocacy increases reporting behaviour and strengthens confidence in formal justice mechanisms.

The positive perception of collaboration between NGOs and community groups further demonstrates that effective GBV prevention depends upon coordinated multisectoral partnerships rather than isolated interventions. Humanitarian protection requires cooperation among health services, legal institutions, community leaders, psychosocial providers, and refugee governance structures. Similar observations have been reported in studies of humanitarian coordination, where integrated partnerships consistently outperform fragmented service delivery by improving referral pathways, resource mobilization, and survivor-centred care.

The study also found that respondents regarded local leadership as indispensable to successful advocacy. This finding supports growing evidence that behavioural change interventions achieve greater sustainability when respected community figures actively participate in programme implementation. Community leaders possess the legitimacy necessary to influence local norms, mediate conflicts, and encourage acceptance of gender-equitable practices. Consequently, advocacy programmes that incorporate refugee leaders,

religious authorities, and traditional leaders are more likely to produce lasting reductions in tolerance for GBV.

Despite these encouraging findings, respondents expressed comparatively lower confidence regarding advocacy's ability to strengthen enforcement of GBV laws and provide sufficient information on available survivor services. These results suggest that although awareness and community mobilization have improved considerably, institutional challenges continue to constrain effective implementation. Weak enforcement capacity, resource limitations, staff shortages, and fragmented service delivery may reduce the practical benefits of advocacy despite improvements in public knowledge. This finding highlights the need for advocacy programmes to move beyond awareness creation by strengthening institutional accountability and expanding survivor-centred information systems.

Taken together, the findings indicate that advocacy contributes to GBV prevention through multiple complementary pathways. Rather than functioning solely as an educational strategy, advocacy strengthens legal empowerment, promotes institutional collaboration, mobilizes community participation, and transforms harmful social norms. These interconnected mechanisms reinforce one another and collectively create an enabling environment for reducing violence within refugee communities. The findings therefore provide empirical support for integrated humanitarian programming that combines awareness creation, legal empowerment, community engagement, and institutional strengthening as complementary components of comprehensive GBV prevention.

8. Conclusion

This study examined the influence of NGO advocacy interventions on the prevention of gender-based violence (GBV) in Rwamwanja Refugee Settlement, Uganda. The findings demonstrate that advocacy constitutes a fundamental component of humanitarian protection programming, contributing significantly to increased community awareness, strengthened legal empowerment, improved collaboration among humanitarian actors, enhanced community participation, and the transformation of harmful gender norms that perpetuate violence. Overall, respondents expressed positive perceptions regarding the effectiveness of advocacy interventions, suggesting that sustained advocacy efforts have fostered greater recognition of GBV as a violation of human rights and encouraged collective responsibility for its prevention.

The findings further indicate that advocacy operates through multiple pathways consistent with the Social Ecological Model. At the individual level, advocacy improves knowledge of GBV, survivors' rights, and available protection services. At the interpersonal and community levels, advocacy promotes positive behavioural change, encourages respectful relationships, and mobilizes influential community leaders to challenge discriminatory social norms. At the institutional level, advocacy strengthens collaboration among NGOs, government agencies, and refugee leadership structures, thereby enhancing coordinated responses to GBV. These interconnected mechanisms collectively contribute to creating safer environments for women and girls within refugee settlements.

Despite these positive outcomes, the study also highlights persistent challenges related to the dissemination of information on survivor support

services and the enforcement of GBV-related laws. These findings suggest that while advocacy has successfully increased awareness and community engagement, institutional capacity and service accessibility require further strengthening to maximize the effectiveness of prevention efforts. Sustainable reductions in GBV therefore require advocacy interventions that extend beyond awareness creation to include legal empowerment, institutional accountability, survivor-centred service delivery, and continuous community engagement.

The study contributes to the growing body of humanitarian and public health literature by providing empirical evidence on the role of advocacy in preventing GBV within refugee settings in Uganda. It demonstrates that advocacy should not be viewed merely as an information dissemination strategy but rather as a multidimensional intervention capable of influencing behavioural, social, institutional, and policy changes necessary for long-term violence prevention. The findings provide valuable evidence to inform humanitarian agencies, policymakers, and development partners seeking to strengthen GBV prevention programmes in refugee settlements and similar humanitarian contexts.

Recommendations

Based on the findings of this study, the following recommendations are proposed.

Recommendations for Humanitarian Organizations and NGOs

Humanitarian organizations should strengthen community-based advocacy programmes by expanding regular awareness campaigns, behavioural change communication, and community dialogue initiatives. Advocacy should move beyond one-off sensitization activities and adopt continuous, culturally responsive approaches that engage women, men, adolescents, religious leaders, traditional leaders, and refugee leadership structures. Sustained advocacy is more likely to produce lasting changes in attitudes and behaviours that discourage GBV.

NGOs should further strengthen legal advocacy by increasing legal literacy, improving community awareness of survivors' rights, and expanding referral mechanisms linking survivors to legal, medical, psychosocial, and protection services. Particular attention should be given to ensuring that refugees understand available reporting procedures and have confidence in existing protection systems.

Recommendations for Government and Humanitarian Coordination Agencies

The Office of the Prime Minister, district local governments, and humanitarian coordination agencies should strengthen institutional collaboration among protection actors, law enforcement agencies, healthcare providers, legal aid organizations, and community-based organizations. Regular coordination meetings, shared referral protocols, and integrated case management systems should be enhanced to improve survivor-centred service delivery and reduce fragmentation within GBV response mechanisms.

Government agencies should also strengthen the enforcement of existing GBV legislation within refugee settlements by investing in specialized training for police officers, judicial personnel, probation officers, and community protection committees. Effective enforcement of legal frameworks is essential for increasing accountability and deterring future violence.

Recommendations for Community Leadership

Community leaders, religious leaders, refugee welfare committees, and cultural leaders should be actively integrated into advocacy programmes because they possess considerable influence over social norms and community behaviour. Their participation in awareness campaigns, conflict resolution initiatives, and public education programmes can strengthen community ownership of GBV prevention efforts and enhance the legitimacy of advocacy messages.

Programmes should also promote greater engagement of men and boys as partners in GBV prevention. Encouraging positive masculinities, shared household decision-making, and non-violent conflict resolution can contribute to transforming unequal gender relations that sustain violence.

Recommendations for Development Partners and Donors

Development partners should provide sustained financial and technical support for long-term advocacy initiatives rather than short-term project cycles. Longitudinal investments allow humanitarian organizations to build trust within refugee communities, reinforce behavioural change messages, and institutionalize successful prevention strategies.

Donors should also support the integration of advocacy with complementary interventions such as livelihood programmes, women's economic empowerment, education, psychosocial support, and mental health services. Addressing the socioeconomic drivers of GBV alongside advocacy is likely to produce more sustainable prevention outcomes.

Recommendations for Future Research

Future studies should employ longitudinal research designs to examine the long-term effectiveness of advocacy interventions in reducing the incidence of GBV within refugee settlements. Such studies would provide stronger evidence regarding causal relationships between advocacy activities and behavioural change over time.

Comparative studies involving multiple refugee settlements across Uganda and other humanitarian contexts are also recommended to determine whether advocacy interventions produce similar outcomes under different cultural, institutional, and socioeconomic conditions. In addition, future research should investigate the interaction between advocacy and other humanitarian interventions, including economic empowerment, education, mental health services, and social protection, to identify integrated approaches that yield the greatest impact on GBV prevention.

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