

JUSTICE ON THE GO



Expanding Access to Legal Aid Through
UGANET's **Beam Light Model** in Uganda

Acronyms

ADR – Alternative Dispute Resolution

ART – Antiretroviral Therapy

BDBI – Breaking Down Barriers Initiative

Beam Light Model – UGANET’s proximity-based mobile legal aid and medical–legal integration framework

CFPU – Child and Family Protection Unit

CSO – Civil Society Organization

DLG – District Local Government

GBV – Gender-Based Violence

HIV – Human Immunodeficiency Virus

JLOS – Justice, Law and Order Sector

LC – Local Council

MoH – Ministry of Health

NGO – Non-Governmental Organization

OPD – Outpatient Department

PLHIV – Persons Living with HIV

SOP – Standard Operating Procedure

UGANET – Uganda Network on Law, Ethics and HIV/AIDS

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Executive Summary

In 2025, the Uganda Network on Law, Ethics and HIV/AIDS (UGANET) implemented the Beam Light Model across 21 districts to strengthen access to justice in high HIV-burden and structurally vulnerable communities. The model, developed and refined through UGANET's longstanding rights-based legal programming, integrates community legal empowerment, justice-sector coordination and health–legal linkages to operationalize statutory protections at district level.

Across the 21 districts, mobile legal aid camps reached 19,111 community members through structured legal awareness sessions conducted in sub-counties, trading centers and health facilities, including ART clinics. UGANET provided direct legal support to 887 clients. Of the cases registered, 383 were resolved during the camp period through mediation or direct intervention. A total of 277 cases remain pending and require continued follow-up, while 208 cases were formally referred to police, probation offices or courts for further action.

Recurring case categories included land and succession disputes, gender-based violence, child protection matters and HIV-related rights violations. These patterns were consistent across geographically diverse districts, confirming that access-to-justice barriers are systemic rather than localized. Through structured district engagement, collaboration with District Local Governments, coordination with police and integration within health facilities, UGANET strengthened referral pathways and reinforced implementation of protections under the Constitution, the Land Act, the Succession Act, the Domestic Violence Act, the Children Act and the HIV and AIDS Prevention and Control Act.

Implementation across 21 districts demonstrates that the Beam Light Model is a scalable justice-health integration framework capable of strengthening statutory compliance and expanding access to legal remedies. The findings underscore the continued need for sustained investment, institutional embedding and coordinated reform to ensure that legal protections translate into lived realities for vulnerable communities.

The findings demonstrate that proximity-based legal empowerment, when anchored in statutory frameworks and institutional coordination, produces measurable justice outcomes. The next phase requires consolidating gains, deepening district-level embedding and strengthening follow-up systems to ensure durable resolution of complex cases. UGANET stands ready to lead this expansion in collaboration with national and district partners.

Introduction

Access to justice remains uneven across many districts in Uganda, particularly in areas with high HIV prevalence and entrenched socioeconomic vulnerability. Women, adolescents and persons living with and affected by HIV continue to face structural barriers that limit their ability to seek legal protection.

Across districts, land tenure insecurity, succession disputes, gender-based violence and HIV-related discrimination intersect with poverty, limited legal literacy and weak documentation systems. Distance from courts and administrative offices further restricts access, particularly in rural and island districts. In many communities, disputes are handled informally through customary mechanisms that do not consistently uphold statutory protections, especially for women and children.

These structural constraints create a justice gap. They also affect access to health services, particularly where stigma, discrimination or property disputes are linked to HIV status.

UGANET developed the Beam Light Model to respond to these interconnected challenges. The model is a proximity-based justice-health integration framework that delivers legal awareness, direct case support, mediation and institutional coordination within communities and health facilities. It builds on UGANET's earlier work integrating human rights principles into palliative care service provision and later expanding a medical-legal approach within HIV programming under the Breaking Down Barriers Initiative.

In 2025, the Beam Light Model was implemented across 21 districts. This report consolidates district-level findings and presents national-level insights drawn from that implementation.

The purpose of this report is to document results, analyze recurring structural justice patterns and outline strategic implications for scaling access to legal aid in high HIV-burden districts.

The findings indicate that mobile legal aid interventions address both immediate legal needs and deeper structural gaps. Sustained and structured support will be necessary to consolidate gains and expand equitable access to justice.



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The organization recognizes the collaboration of the National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHAU), whose engagement strengthened community mobilization and linkages with networks of persons living with HIV.

UGANET extends appreciation to the District Local Governments for coordination and institutional support, including Buliisa District Local Government, Bugiri District Local Government, Buvuma District Local Government, Hoima District Local Government, Iganga District Local Government, Jinja District Local Government, Kabarole District Local Government, Kamuli District Local Government, Kayunga District Local Government, Kiboga District Local Government, Kisoro District Local Government, Kyankwanzi District Local Government, Luweero District Local Government, Mayuge District Local Government, Mbarara District Local Government, Mukono District Local Government, Nakaseke District Local Government, Nakasongola District Local Government, Namayingo District Local Government, Ntoroko District Local Government and Wakiso District Local Government.

UGANET further acknowledges the collaboration of Uganda Police, particularly the Child and Family Protection Units, District Health Officers, PLHIV focal persons and members of District Human Rights Committees who participated in coordination meetings, referrals and case management processes.

The contributions of community leaders, health facility staff and community paralegals were instrumental in mobilization, documentation and follow-up activities.



The Beam Light Model demonstrates that justice-health integration can be scaled across diverse districts. Continued investment would strengthen case continuity, institutional coordination and long-term access to legal protection in high HIV-burden communities.

1. Structural Justice Barriers in High HIV-Burden Districts

Access to justice in Uganda is constitutionally guaranteed. Article 21 of the Constitution provides for equality before the law and freedom from discrimination. Article 33 protects the rights of women, and Article 34 safeguards the rights of children. Despite these protections, district-level findings reveal persistent structural barriers that limit the practical realization of these rights.

Across 21 districts, recurring case patterns indicate gaps between statutory protections and lived realities.

1.1 Land Tenure Insecurity and Weak Documentation

Land and kibanja disputes were the most frequently reported cases across districts. These disputes commonly involved unclear boundaries, informal agreements, evictions and conflicts arising after the death of a landholder.

The Land Act provides for lawful and bona fide occupants, requires spousal consent in certain land transactions and recognizes customary tenure. However, district reports show limited awareness of these provisions at community level. Many disputes arise from undocumented arrangements or misunderstandings of rights under customary and statutory tenure systems.

In practice, widows and children are often excluded from land following bereavement, despite constitutional protections and statutory safeguards. The recurrence of such disputes across diverse districts suggests systemic documentation and awareness gaps rather than isolated incidents.

1.2 Succession and Inheritance Conflicts

Succession disputes emerged as a dominant cross-cutting issue. The Succession Act provides a framework for estate administration, beneficiary entitlements and procedures for obtaining letters of administration. Yet, in multiple districts, families reported uncertainty regarding lawful inheritance processes.

Many estates are managed informally following death, resulting in intermeddling, property grabbing and prolonged family disputes. Women and children are particularly vulnerable where formal estate administration has not been initiated.



The volume of succession-related cases indicates that statutory procedures exist but remain inaccessible or poorly understood at community level.

1.3 Gender-Based Violence and Protection Gaps

Gender-based violence and domestic violence cases were consistently reported. The Domestic Violence Act establishes protection orders and legal remedies for survivors. The Children Act provides additional safeguards for minors, including protection from abuse, neglect and exploitation.

Despite these legal protections, district-level discussions revealed that violence is often normalized or resolved informally. Survivors may hesitate to report due to stigma, economic dependency or fear of retaliation.

The gap between legal standards and reporting behavior reflects both cultural barriers and limited awareness of available legal remedies.

1.4 Child Protection and Maintenance

Child neglect, defilement and maintenance disputes were reported in multiple districts. The Children Act, as amended, emphasizes the best interests of the child and provides mechanisms for maintenance and protection.

However, enforcement remains uneven. Some families prefer mediation to formal reporting even in serious cases. Limited knowledge of procedural steps and enforcement mechanisms contributes to recurrence of disputes.

These patterns highlight the need for sustained legal literacy and stronger coordination between community structures and formal child protection systems.

1.5 HIV-Related Stigma and Confidentiality Concerns

In districts where camps were integrated within ART clinics and health facilities, clients raised concerns related to stigma, discrimination and confidentiality breaches.

The HIV and AIDS Prevention and Control Act prohibits unauthorized disclosure of HIV status and protects individuals from discrimination in employment, education and access to services. Nevertheless, reports indicate ongoing fear of disclosure and property-related disputes linked to HIV status.

By situating legal services within health facilities, the Beam Light Model addresses the intersection between statutory protections and practical barriers faced by persons living with HIV.



1.6 Administrative Bureaucracy and Procedural Delays

Formal justice processes require documentation, filings and coordination across multiple institutions, including police, probation offices, courts and land registries. Estate administration procedures under the Succession Act, land documentation processes under the Land Act and criminal investigations under the Children Act and Domestic Violence Act involve structured procedural steps.

In several districts, case backlogs, limited staffing capacity and administrative delays extended timelines beyond the period of mobile outreach. Such delays affect the pace at which cases can be closed within project cycles, particularly where litigation or formal documentation is required.

These constraints are systemic rather than program-specific.

1.7 Financial and Logistical Barriers

Clients frequently face transport costs, filing fees and documentation expenses associated with formal justice processes. In rural and island districts, distance from courts or registries further complicates follow-up.

Even where legal advice and mediation are provided, progression to full enforcement may stall due to financial constraints faced by vulnerable clients.

1.8 integrity Risks and Informal Payment Expectations

Implementation across several districts revealed that corruption risks and informal payment expectations remain a reality within parts of the justice ecosystem. In some instances, clients reported being asked for unofficial facilitation payments to move files, initiate investigations or process documentation.

Such practices disproportionately affect vulnerable individuals who lack financial resources. They discourage pursuit of formal remedies and contribute to case attrition, particularly in land and succession matters that require administrative processing.

While not universal across districts, the persistence of corruption risks undermines public trust in justice institutions and complicates timely resolution of cases within project timelines.

Addressing access-to-justice barriers therefore requires not only legal awareness and referral strengthening, but continued attention to transparency, accountability and procedural integrity within local justice systems.

1.9 Cultural Resistance to Statutory Enforcement

In land and inheritance disputes, entrenched gender norms continue to influence decision-making at household and community levels. Women asserting rights under the Land Act or Succession Act may face resistance from family members or local leaders.

Similarly, survivors of gender-based violence may encounter pressure to resolve matters informally rather than pursue statutory remedies. These social dynamics complicate enforcement even where legal protections are clear.

1.9.1 Project Timeline Constraints

Mobile legal aid camps are time-bound interventions. Complex matters involving estate administration, criminal prosecution or litigation often extend beyond outreach timelines. Resolution in such cases depends on institutional responsiveness and sustained follow-up.

The proportion of pending and referred cases therefore reflects systemic procedural realities rather than limitations of the model itself.



2. The Beam Light Model as a Justice–Health Integration Framework

The Beam Light Model is UGANET’s structured, proximity-based legal aid framework designed to reduce barriers to the realization of statutory rights in high HIV-burden districts. It operates at the intersection of community legal empowerment, health systems engagement and justice sector coordination.

Rather than functioning as episodic outreach, the model is designed to strengthen implementation of existing legal protections under Uganda’s constitutional and statutory framework. It reinforces awareness and enforcement of rights provided under the Land Act, the Succession Act, the Domestic Violence Act, the Children Act and the HIV and AIDS Prevention and Control Act.

The model integrates service delivery, institutional coordination and systems-level learning.

2.1 Structured District Entry and Justice Mapping

Implementation begins with a structured pre-engagement process at district level. The legal team conducts a pre-visit to map key institutional actors and identify structural justice gaps within the district.

Engagement typically includes: District Local Governments, District Human Rights Committees established under Global Fund-supported structures, Uganda Police, including Child and Family Protection Units, District Health Officers and facility in-charges, PLHIV focal persons and Community leaders and paralegals.

This mapping process identifies priority sub-counties, high-burden legal issues and appropriate venues for outreach, including ART clinic days and other health service points.

The approach is adaptive. In districts reporting high levels of defilement, implementation prioritizes child protection and reporting mechanisms under the Children Act. In areas with recurring gender-based violence, outreach focuses on protection orders and survivor remedies under the Domestic Violence Act. In districts with dominant land disputes, sensitization emphasizes documentation requirements and protections under the Land Act and Succession Act.



This structured entry transforms each district engagement into both a service intervention and a justice systems diagnostic exercise.

2.2 Community Legal Awareness as Preventive Justice

Legal awareness sessions are conducted in sub-county halls, trading centers, schools and health facilities. These sessions translate statutory protections into practical guidance.

Communities receive information on:

- Spousal consent requirements and occupant protections under the Land Act.
- Estate administration procedures under the Succession Act.
- Protection orders under the Domestic Violence Act.
- Maintenance and child protection mechanisms under the Children Act.
- Confidentiality and anti-discrimination protections under the HIV and AIDS Prevention and Control Act.

Sessions are interactive and responsive to community questions. By clarifying lawful procedures, the model reduces reliance on informal dispute mechanisms that may undermine statutory protections.

Legal awareness operates as preventive justice, reducing recurrence of disputes before escalation into litigation.

2.3 Direct Legal Services and Alternative Dispute Resolution

Following sensitization, individuals receive one-on-one legal advice. Cases are registered and categorized in accordance with statutory frameworks.

Where appropriate, mediation and alternative dispute resolution are facilitated. This reduces immediate pressure on courts while ensuring agreements are aligned with lawful standards.

More complex cases are referred to formal institutions, including police, probation officers and courts. The referral pathway reinforces linkages between community-level engagement and the formal justice system.

The model therefore combines informal mediation with structured formal escalation, ensuring that statutory remedies remain central.



2.4 Health–Legal Integration

A defining feature of the Beam Light Model is its integration within health facilities, particularly ART clinics and outpatient departments.

This component builds on UGANET’s earlier integration of human rights principles within palliative care service provision. The medical–legal approach was later expanded into HIV programming, recognizing that barriers to legal protection often undermine access to health services.

Within health facilities, clients raise concerns related to:

- › Confidentiality breaches.
- › Stigma and discrimination.
- › Employment disputes linked to HIV status.
- › Property conflicts triggered by disclosure.

By situating legal services within care environments, the model operationalizes protections under the HIV and AIDS Prevention and Control Act. It creates safe entry points for reporting rights violations that might otherwise remain concealed.

Health–legal integration also strengthens coordination between District Health Officers and justice actors, reinforcing accountability within both systems.

2.5 Community Paralegal Continuity

Community paralegals support mobilization, documentation and follow-up after camp activities conclude. Their presence strengthens continuity between episodic outreach and sustained justice engagement.

Paralegals serve as bridges between statutory frameworks and community practice. Their involvement enhances compliance with mediated agreements and supports referral progression.

Through paralegal engagement, the model extends beyond temporary service delivery into longer-term community-level justice reinforcement.

3. National Implementation Across 21 Districts

In 2025, the Beam Light Model was implemented across 21 districts spanning mainland, peri-urban and island settings. The geographic diversity of implementation provides a broad lens through which recurring justice barriers can be assessed.

Table 1 presents consolidated national figures across districts.

Table 1: National Aggregate Results (21 Districts)

Indicator	Total
Districts Covered	21
Community Members Reached	19,111
Clients Supported	887
Cases Resolved During Camp	383
Cases Pending	277
Cases Referred	208

The scale of engagement demonstrates substantial community demand for accessible legal services. However, the more significant finding lies in the consistency of case patterns across districts.

Land and succession disputes emerged as dominant case categories in nearly every district. Gender-based violence and child protection concerns were similarly recurrent. HIV-related rights violations were reported in districts where outreach intersected with health facilities.

The uniformity of these issues across geographically distinct districts suggests that the underlying barriers are structural rather than localized. Differences in district size or geography did not significantly alter the nature of disputes reported.



The proportion of cases requiring referral or follow-up further reflects the complexity of navigating formal justice systems. These figures highlight not only immediate dispute resolution capacity but also the systemic constraints that affect case progression beyond initial intervention.

4. Cross-District Case Trends and Systems-Level Insights

Implementation across 21 districts revealed consistent patterns in the types of disputes reported and the barriers communities face in accessing statutory protections.

The recurrence of similar case categories across geographically diverse districts indicates that justice constraints are structural rather than localized.

4.1 Land and Succession as Structural Vulnerabilities

Land and succession disputes were reported in nearly every district. These cases commonly involved informal land arrangements, boundary conflicts, estate administration disputes and exclusion of widows or children from inheritance.

Despite protections under the Land Act and the Succession Act, district findings indicate limited awareness of lawful procedures for estate administration and spousal consent requirements. Many families reported managing estates informally following death, resulting in prolonged disputes and property grabbing.

The persistence of such cases across districts suggests systemic documentation gaps and limited preventive legal literacy.

4.2 Gender-Based Violence and Informal Resolution Practices

Gender-based violence cases were consistently reported, often accompanied by reluctance to pursue formal remedies. While the Domestic Violence Act provides clear mechanisms for protection orders and legal redress, survivors in several districts reported preference for informal mediation due to stigma, economic dependency or fear of retaliation.

This reveals a tension between statutory protections and social practice. Legal standards exist, but social norms and economic realities shape reporting behavior.

The Beam Light Model addresses this gap by clarifying lawful procedures and strengthening referral pathways to police and probation officers.

4.3 Child Protection and Maintenance Challenges

Child neglect, maintenance disputes and defilement cases were also recurrent. The Children Act emphasizes the best interests of the child and provides legal remedies for maintenance and protection.

However, district findings indicate uneven enforcement and limited awareness of procedural steps. In some cases, families attempted informal settlements even where criminal conduct was alleged.

These patterns highlight the need for continued legal literacy and stronger coordination between community structures and formal child protection institutions.

4.4 HIV-Related Legal Concerns and Health-System Interface

In districts where outreach was integrated within ART clinics, clients raised concerns related to confidentiality breaches, stigma and property disputes linked to HIV status.

The HIV and AIDS Prevention and Control Act prohibits unauthorized disclosure and discrimination. Yet, fear of stigma continues to shape reporting behavior.

By situating legal services within health facilities, the Beam Light Model operationalizes statutory protections in a setting where rights violations may first surface. Health–legal integration therefore strengthens accountability within both systems.



UGANET's Legal Aid team conducts a week long Mobile Aid Camp in Kisoro district

Case Illustration: Enforcement of HIV Non-Discrimination Protections

In Hoima District, a woman living with HIV was dismissed from her employment after being subjected to a mandatory HIV test without her consent. Following disclosure of her status, she was removed from her position in violation of protections under the HIV and AIDS Prevention and Control Act.

UGANET, in collaboration with NAFOPHANU, supported the survivor in seeking redress before the Equal Opportunities Commission. The Commission found in her favor and granted damages, reinforcing enforcement of protections under the Constitution of Uganda, the Employment Act and the HIV and AIDS Prevention and Control Act.

This case illustrates how justice-health integration strengthens enforcement of statutory protections beyond awareness and mediation.

Case Illustration: Addressing Health and Justice Gaps in Lolwe Island, Namayingo District



UGANET's Legal Aid and Advocacy teams conducts a week long Mobile Aid Camp in Namayingo district

Lolwe Island and surrounding fishing communities in Namayingo District face compounded structural barriers to accessing HIV services, emergency healthcare, and justice mechanisms. Geographic isolation and the highly mobile nature of fishing-related economic activities significantly disrupt continuity of care for People Living with HIV.



Frequent movement between landing sites and neighboring islands in search of fishing opportunities has made it difficult to maintain consistent ART adherence and follow-up. Health actors report challenges in tracing mobile clients and ensuring uninterrupted access to treatment. Without strengthened differentiated service delivery models and improved inter-facility coordination, mobility continues to pose risks to sustained viral suppression outcomes.

Access to emergency healthcare remains constrained. Although an ambulance is available on Lolwe Island, its operations are largely limited to maternal health and emergencies involving elderly persons. This operational restriction creates gaps in emergency referral for other critical cases, including HIV-related complications, injuries common in fishing communities, and other urgent health conditions. Delayed referrals to mainland facilities continue to affect timely access to comprehensive care.

In addition to healthcare access challenges, the Island lacks a resident legal aid service provider. Community members reported limited awareness of their legal rights and available justice mechanisms, particularly in cases involving gender-based violence, discrimination against PLHIV, family disputes, and land-related conflicts. The absence of sustained legal empowerment programming has constrained the community's ability to demand accountability and redress service delivery gaps.

Intervention

During the Mobile Legal Aid Camp in Namayingo District, the legal team partnered with the District Health Office to conduct a targeted outreach on Lolwe Island. The outreach integrated human rights awareness sessions with on-site legal consultations to address the interconnected health and justice barriers identified.

The intervention focused on:

- The right to health and non-discrimination for PLHIV
- Legal pathways for survivors of violence
- Family and land dispute resolution mechanisms
- Accountability mechanisms for service delivery gaps



Results

The outreach resulted in:

- ▶ Human rights awareness sessions delivered to 943 community members, including fisherfolk, women, youth, and local leaders.
- ▶ Provision of extended legal aid services to 31 individuals through legal consultations, case intake, mediation support, and referrals.
- ▶ Strengthened collaboration between legal and health actors at district level to address continuity-of-care challenges affecting mobile PLHIV populations.

Programmatic Implications

The case of Lolwe Island demonstrates the intersection between mobility, geographic isolation, limited emergency referral systems, and justice access gaps. **It highlights the need for:**

- ▶ Strengthened differentiated ART delivery models tailored to mobile fishing communities.
- ▶ Expanded emergency referral capacity beyond maternal and elderly cases.
- ▶ Sustained legal empowerment programming in hard-to-reach island communities.
- ▶ Continued integration of health and legal outreach to address structural determinants of service access.

This case underscores the importance of integrated, cross-sectoral interventions to ensure that remote and mobile populations are not left behind in HIV service delivery and access to justice efforts.

4.5 Referral and Follow-Up as Indicators of System Complexity

The proportion of cases requiring referral or follow-up reflects procedural and institutional realities. Court processes, estate documentation and formal investigations require time, transport and administrative coordination.

Rather than signaling program weakness, the referral and pending rates illustrate the complexity of navigating formal justice mechanisms. They reinforce the importance of sustained engagement beyond episodic outreach.



Structural Interpretation

Across 21 districts, similar disputes emerged despite differences in geography and population density. This consistency indicates that barriers to justice are embedded within structural conditions, including documentation gaps, limited legal literacy, resource constraints and social norms affecting enforcement.

The Beam Light Model operates within this structural gap. It strengthens awareness of statutory protections while reinforcing coordination between community actors, health facilities and formal justice institutions.

5. Institutional Strengthening and Justice–Health System Linkages

The Beam Light Model operates within existing district structures rather than outside them. Its implementation across 21 districts demonstrates that proximity-based legal aid can reinforce institutional coordination and statutory compliance at local level.

5.1 Strengthening District-Level Justice Coordination

Structured pre-engagement with District Local Governments ensures alignment with district priorities and enhances accountability. Meetings with District Human Rights Committees, police leadership and probation officers establish coordination before community activities begin.

This approach strengthens referral pathways and clarifies institutional roles. Rather than bypassing formal justice systems, the model reinforces statutory enforcement mechanisms.

Police units, particularly Child and Family Protection Units, play a central role in handling referrals related to gender-based violence and child protection. The engagement of probation officers supports case progression and follow-up, particularly in maintenance and child welfare matters.

Through repeated district engagement, the model strengthens working relationships between legal actors, health facilities and administrative structures.



5.2 Reinforcing Health–Justice Integration

Integration within health facilities represents a strategic institutional bridge. District Health Officers and facility in-charges collaborate in identifying appropriate clinic days and mobilizing clients.

This integration reinforces implementation of the HIV and AIDS Prevention and Control Act by creating safe spaces for reporting confidentiality breaches and discrimination concerns.

The presence of legal services within health facilities also strengthens provider awareness of human rights standards. Health workers engaged during outreach sessions gain clarity on statutory protections and referral procedures.

The result is a strengthened interface between health and justice systems, particularly in districts with high HIV burden.

5.3 Community Paralegals as Justice Anchors

Community paralegals extend the impact of the camps beyond the period of physical outreach. Their involvement enhances mobilization, documentation and follow-up.

Paralegals function as local justice anchors, supporting compliance with mediated agreements and facilitating continued engagement with police or courts where necessary.

By embedding legal literacy within communities, the model supports preventive justice and reduces recurrence of disputes linked to misunderstanding of statutory provisions.

5.4 Diagnostic Value for District Planning

Implementation across districts reveals recurring justice patterns that can inform district-level planning. Land insecurity, succession disputes and gender-based violence emerged consistently across geographically diverse settings.

These patterns provide actionable insight for district actors, including District Human Rights Committees and local governments. The data generated through the camps contributes to localized justice diagnostics that can guide preventive legal education and institutional strengthening efforts.

The model therefore serves not only as a service delivery mechanism but also as a district-level justice systems diagnostic tool.



Strategic Significance

By reinforcing statutory protections, strengthening referral pathways and integrating legal services within health facilities, the Beam Light Model contributes to justice systems strengthening in high HIV-burden districts. Its implementation across 21 districts demonstrates scalability and adaptability. The consistency of structural barriers across contexts reinforces the need for sustained, integrated approaches to access-to-justice programming.

6. Lessons Learned and Strategic Implications

Thirty years of rights-based legal programming, combined with implementation across 21 districts in 2025, reinforce a central finding: Uganda's statutory framework is robust, but access to its protections remains uneven and structurally constrained.

The Beam Light Model confirms that proximity-based legal empowerment is effective. However, it also exposes systemic gaps that require reform-oriented responses beyond episodic outreach.

6.1 Law Exists. Access Does Not Automatically Follow.

Uganda's Constitution and statutory laws provide clear protections in land rights, succession, gender equality, child protection and HIV-related non-discrimination. Yet district-level findings demonstrate persistent gaps in awareness, documentation and enforcement.

The recurrence of land and succession disputes across nearly all districts indicates that statutory frameworks are not sufficiently internalized at community level. Preventive legal literacy must be institutionalized, not delivered intermittently.

Strategic implication: Legal empowerment must move upstream. District actors should integrate routine statutory awareness into local governance and health programming structures.

6.2 Justice and Health Systems Cannot Operate in Silos

Integration within ART clinics revealed that many rights violations surface first within health environments. Confidentiality concerns, stigma and property disputes linked to HIV status affect health outcomes.



The health–legal interface is not optional. It is essential for effective implementation of the HIV and AIDS Prevention and Control Act.

Strategic implication: Justice-health integration should be formalized within district planning frameworks, with clear referral protocols between health facilities and justice actors.

6.3 Informal Dispute Resolution Requires Statutory Alignment

Many communities prefer mediation, even in cases implicating serious statutory violations. While alternative dispute resolution reduces case backlog, informal processes must align with statutory protections.

Mediation cannot substitute for criminal accountability in cases of defilement or severe violence. Nor should customary practices override statutory inheritance rights.

Strategic implication: Capacity strengthening of community mediators and local leaders must emphasize statutory compliance and referral thresholds.

6.4 Referral Rates Reflect Systemic Constraints

The proportion of referred and pending cases reflects the procedural complexity of navigating courts, estate administration processes and enforcement mechanisms.

Transport costs, documentation requirements and administrative delays remain barriers for vulnerable populations.

Strategic implication: Sustainable access-to-justice programming must include structured case management support beyond outreach periods.

6.5 Justice Diagnostics Should Inform Policy

Implementation across 21 districts demonstrates that recurring case categories are structural. Land insecurity, succession disputes and gender-based violence are not isolated anomalies.

The data generated through the Beam Light Model provides actionable insight for district and national planning.

Strategic implication: Access-to-justice programming should be recognized as a diagnostic input into district governance frameworks, not merely as service delivery.

Reform-Oriented Positioning

UGANET's experience over three decades confirms that durable justice outcomes require integration, prevention and institutional coordination.

Mobile legal aid is effective in increasing immediate access. However, sustained reform **requires:**

1. Institutionalized legal literacy.
2. Strengthened justice-health linkages.
3. Improved documentation systems for land and estates.
4. Clear statutory alignment in mediation practices.
5. Resourced follow-up mechanisms.

The Beam Light Model demonstrates that scalable justice-health integration is achievable. The next phase requires embedding these lessons within district planning structures and national justice reform discussions.



UGANET's Legal Aid team conducts a week long Mobile Aid Camp in Buliisa district



7. Sustainability and Scale-Up Pathway

Implementation across 21 districts demonstrates that the Beam Light Model is scalable and adaptable across varied geographic and institutional contexts. The question moving forward is not whether the model works. The evidence confirms that it does. The question is how to sustain and institutionalize it within evolving funding realities.

Civil society programming globally is facing fiscal contraction. Development financing patterns are shifting, and donor funding cycles are becoming increasingly competitive. In this environment, access-to-justice programming must demonstrate both impact and institutional integration.

The Beam Light Model is positioned to do both.

7.1 Embedding Within District Structures

Sustainability requires deeper institutional embedding within district governance and health systems. The model already operates through structured engagement with District Local Governments, District Human Rights Committees, police units and District Health Officers.

Future scale-up should formalize these linkages through:

1. Standardized referral protocols between health facilities and justice actors.
2. Routine statutory awareness integration within district community outreach programs.
3. Structured engagement of community paralegals as recognized justice actors at local level.

Embedding the model within district planning frameworks reduces reliance on episodic external funding while strengthening local ownership.

7.2 Strengthening Preventive Legal Literacy

The recurrence of land and succession disputes across districts highlights the need for preventive approaches. Sustainable access to justice requires moving beyond case resolution toward routine community-level legal literacy.

Institutionalizing preventive education within district civic engagement structures can reduce dispute recurrence and lower long-term system burden.



7.3 Structured Case Continuity Mechanisms

Pending and referred cases underscore the need for sustained case management. Investment in follow-up systems, transport facilitation and documentation support enhances the likelihood of durable outcomes.

Scaling the Beam Light Model should include strengthened case tracking mechanisms that bridge outreach periods.

7.4 Justice–Health Integration as a Long-Term Strategy

Integration within health facilities has demonstrated measurable value. As HIV programming evolves under changing global financing patterns, justice-health integration remains critical for rights protection and service uptake.

Sustaining this integration will require continued coordination between legal and health actors, with clear accountability pathways aligned to statutory protections under the HIV and AIDS Prevention and Control Act.

7.5 Replication and National Relevance

The consistency of structural barriers across 21 districts confirms national relevance. The Beam Light Model offers a replicable framework adaptable to additional districts, including those with similar justice-health intersections.

UGANET's 30 years of experience in rights-based programming positions it to guide replication with technical credibility and institutional memory.

Forward Outlook

Access to justice remains foundational to equitable health outcomes, gender equality and community stability. While funding environments are tightening, the need for structured justice-health integration remains acute.

The Beam Light Model demonstrates that scalable, proximity-based legal empowerment can strengthen statutory compliance, improve institutional coordination and enhance community trust in justice systems.

Sustained investment, institutional embedding and strategic partnerships will determine the pace of expansion. The evidence across 21 districts provides a strong foundation for continued reform-oriented engagement.



Conclusion and Forward Commitment

Implementation of the Beam Light Model across 21 districts confirms that proximity-based legal empowerment strengthens realization of statutory protections in high HIV-burden communities. The consistency of land, succession, gender-based violence, child protection and HIV-related rights concerns across districts demonstrates that access-to-justice barriers remain systemic.

Uganda's legal framework provides strong protections. However, structural constraints continue to limit equitable access to those protections. The Beam Light Model addresses this implementation gap through justice-health integration, district-level coordination and community-based legal literacy.

The evidence generated across 21 districts demonstrates that the model is scalable and adaptable across diverse geographic contexts. It strengthens statutory compliance, reinforces referral pathways and enhances coordination between health and justice systems.

At the same time, referral and pending case patterns reveal the continued need for sustained case management, preventive legal education and institutional embedding within district planning structures.

As funding environments evolve, access to justice must remain central to HIV programming, gender equality efforts and child protection strategies. Justice-health integration is not an ancillary intervention. It is foundational to rights realization and service uptake.

The next phase requires consolidation and scale. Sustained investment will **enable:**

1. Institutionalization of justice-health referral protocols.
2. Expansion into additional high-need districts.
3. Strengthened follow-up and case continuity mechanisms.
4. Preventive legal literacy programming to reduce dispute recurrence.
5. Continued diagnostic use of district-level data to inform policy.

The Beam Light Model offers a tested framework for advancing access to justice within Uganda's statutory system. Strategic partnership and financial commitment in the coming funding cycle will determine whether these gains remain episodic or evolve into durable institutional reform.

UGANET stands ready to deepen implementation, strengthen coordination and support national efforts to ensure that statutory protections translate into lived realities across communities.

Annex 1: District Results Matrix

Note: Figures are drawn from district-level mobile legal aid camp reports. Where totals were not clearly visible in executive summaries, fields are marked for verification before final submission.

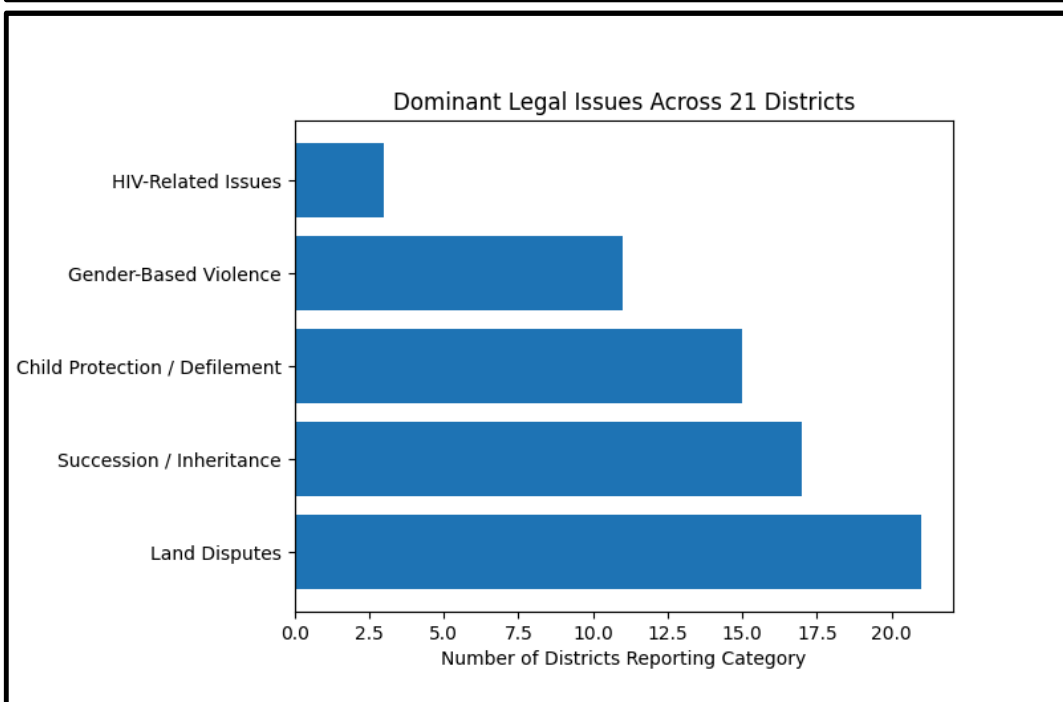
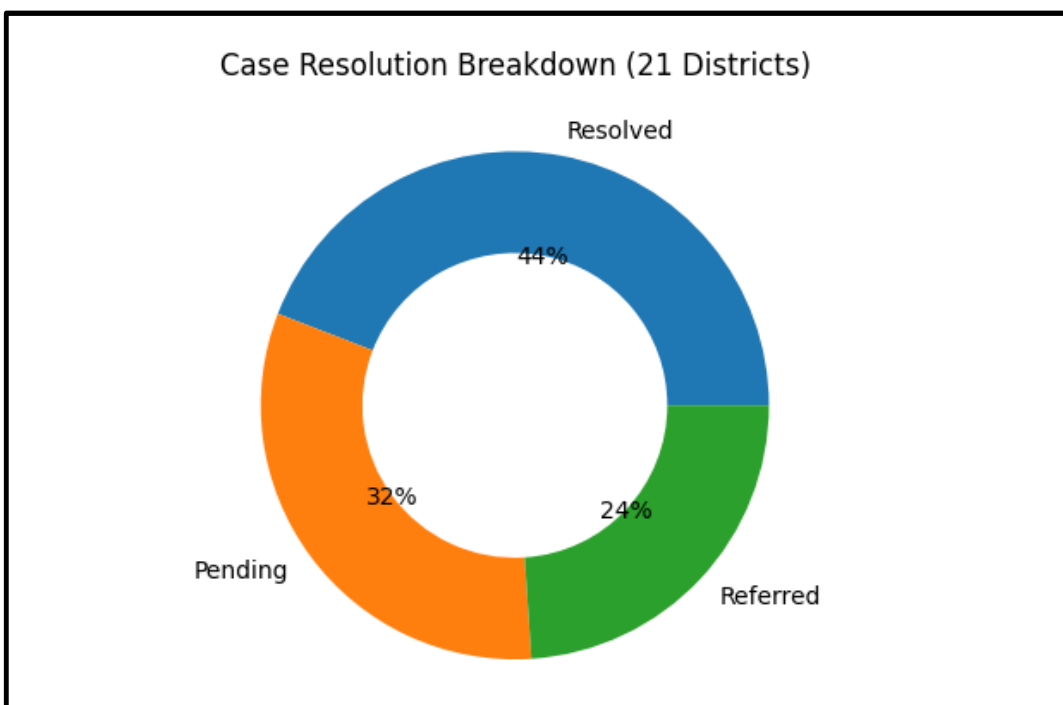


Table A1: Community Reach and Direct Legal Support

District	Community Members Reached	Clients Supported	Cases Resolved During Camp	Cases Pending	Cases Referred	Primary Case Categories Identified
Buliisa	1,380	27	4	23	—	Land disputes; GBV; inheritance; child protection
Bugiri	1,034	44	31	6	7	Land disputes; succession; defilement; family conflicts
Buvuma	841	35	13	7	10	Land disputes; GBV; child neglect; HIV-related issues
Hoima	841	45	28	14	3	Land disputes; succession; GBV; HIV-related issues
Iganga	1,228	49	16	7	26	Land disputes; succession; defilement; family conflicts
Jinja	1,020	27	9	16	2	Land disputes; succession; GBV; child neglect
Kabarole	857	62	33	14	15	Land disputes; succession; GBV
Kamuli	1,167	71	44	7	20	Land disputes; child protection; inheritance
Kayunga	876	66	17	9	40	Land disputes; succession; GBV; child protection
Kiboga	1,099	56	13	28	11	Land disputes; succession; family disputes
Kisoro	1,341	69	37	12	20	Land disputes; succession; defilement; family conflicts
Kyankwanzi	544	27	4	13	6	Land disputes; succession; defilement; family conflicts
Luweero	724	27	2	9	16	Land disputes; succession; defilement; family conflicts
Mayuge	727	43	21	16	5	Land disputes; GBV; child neglect; family disputes



Mbarara	774	57	30	17	10	Land disputes; succession; defilement; family conflicts
Mukono	878	34	13	21	—	Land disputes; succession; family disputes
Nakaseke	643	16	5	8	3	Land disputes; succession; GBV
Nakasongola	1,115	51	18	25	6	Land disputes; succession; GBV; child neglect
Namayingo	943	31	31	—	—	Land disputes; child neglect; GBV; HIV-related issues
Ntoroko	724	34	8	15	7	Land disputes; succession; defilement; family conflicts
Wakiso	649	17	6	10	1	Land disputes; domestic violence; maintenance

Table A2: Cross-District Case Pattern Summary

Case Category	Frequency Across Districts	Structural Driver Identified
Land and kibanja disputes	High	Unclear tenure, lack of documentation, boundary conflicts
Succession and inheritance	High	Limited awareness of probate procedures; gender bias
Domestic violence	High	Normalization of violence; weak reporting pathways
Child neglect and maintenance	High	Economic instability; weak enforcement
HIV-related stigma and discrimination	Moderate	Confidentiality breaches; limited awareness of rights
Defilement and child protection	Moderate	Limited reporting; fear of stigma
Contract and debt disputes	Low-Moderate	Informal agreements; limited documentation

Table A3: Institutional Engagement

Engagement Type	Observed Across Districts
Collaboration with local council leaders	Yes
Engagement with police units	Yes
Coordination with probation/social welfare	Yes
Outreach within health facilities (including ART clinics)	Yes (select districts)
Community paralegal participation	Yes



UGANET's Legal Aid team conducts a week long Mobile Aid Camp in Kalangala district

Methodology

This consolidated report synthesizes district-level mobile legal aid camp reports submitted following implementation across 21 districts in 2025.

Each district report documented community mobilization activities, participant reach, case registration and categorization, mediation outcomes, referral actions, institutional engagements and implementation challenges.

The consolidation process involved systematic review of district summaries and tabulated results, extraction and verification of participation and case data, identification of recurring case trends and analysis of structural justice issues reflected in reported patterns.

Where inconsistencies were identified between narrative descriptions and tabulated data, figures were verified against district result tables prior to aggregation.

This report presents aggregated national findings while preserving district-level detail through annexed data tables.

Monitoring, Evaluation and Reporting Considerations

Implementation across 21 districts underscores the importance of standardized data collection and structured case tracking to strengthen comparability, follow-up and impact measurement.

Future phases of the Beam Light Model should incorporate a unified case tracking framework capturing case category, demographic information, resolution pathway and follow-up outcomes. A centralized dashboard would enhance internal learning, improve donor reporting consistency and support cross-district performance analysis.

Given the proportion of pending and referred cases, structured follow-up monitoring mechanisms are essential. These may include scheduled follow-up calls, community paralegal check-ins and periodic district-level review meetings to document progression and mediation compliance.

Strengthened documentation practices at camp level will further enhance data quality, audit readiness and reporting accuracy.



Risk and Mitigation Considerations

Mobile legal aid programming operates within complex social and institutional environments. Implementation across 21 districts identified key structural risks.

Cultural resistance to gender-equitable inheritance practices may limit enforcement of statutory protections. Continued engagement with local leaders and reinforcement of lawful standards mitigate this risk.

Case attrition due to transport and financial barriers remains a concern. Structured follow-up mechanisms and strengthened referral coordination reduce the likelihood of abandonment.

Institutional capacity gaps within local justice actors may affect case progression. Ongoing coordination and dialogue strengthen alignment and accountability.

Confidentiality concerns in health-based outreach require strict adherence to privacy protocols and survivor-centered service delivery standards.

Annex 2: Case Category Definitions

To ensure standardized reporting across districts, the following categories are recommended:

Land Disputes: Boundary conflicts, kibanja disputes, eviction matters, ownership challenges.

Succession and Inheritance: Disputes arising after death, estate administration issues, denial of lawful beneficiary rights.

Domestic Violence/GBV: Physical, emotional or economic abuse within intimate or family relationships.

Child Protection: Defilement, neglect, abuse, child maintenance disputes.

HIV-Related Rights Violations: Stigma, discrimination, confidentiality breaches, denial of services linked to HIV status.

Contract and Debt Disputes: Informal agreements, loan disputes, breach of informal contracts.

Annex 3: Photo Documentation Framework

UGANET's legal team conducts a legal aid clinic at Zone 6, Palabek Settlement. Legal officers engage community members in a legal awareness session alongside partners including Uganda Police, IRC, LWF and OPM. The clinic provides refugees with access to justice, promotes legal awareness and strengthens coordination among justice actors. Strong mobilization by community structures contributes to high attendance.



UGANET's legal team implements a mobile legal aid camp in Buliisa District. The team visits several sub-counties, where common legal issues include gender-based violence, land disputes arising from compulsory land acquisition, rape, defilement and child protection cases. District leadership, police and community paralegals provide strong coordination and support during the third day of implementation.



UGANET's legal team conducts a mobile legal aid camp in Kojja Sub-county, Mukono District, engaging community members at Kojja Health Centre IV and the sub-county offices. The team provides legal guidance on land disputes, succession and inheritance matters, gender-based violence and domestic violence.



UGANET's legal team conducts a legal aid outreach at Kiwoko Hospital in Nakaseke District. The team engages community members alongside community advocates and the District HIV Focal Person to provide legal guidance and strengthen health-justice linkages.



NEED LEGAL OR HUMAN RIGHTS SUPPORT? WE'RE LISTENING.

UGANET's toll-free lines are open to receive complaints, provide guidance, and link communities to justice and support services, especially on HIV-related discrimination and gender-based violence.

Call us. Your voice matters.

**0800333123 and
0800333125 (IND Hotline)**

*Expanding Access to Legal Aid Through UGANET's
Beam Light Model in Uganda*



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