UNHCR Monthly Protection Update
Sexual and Gender Based Violence (SGBV)
September 2018

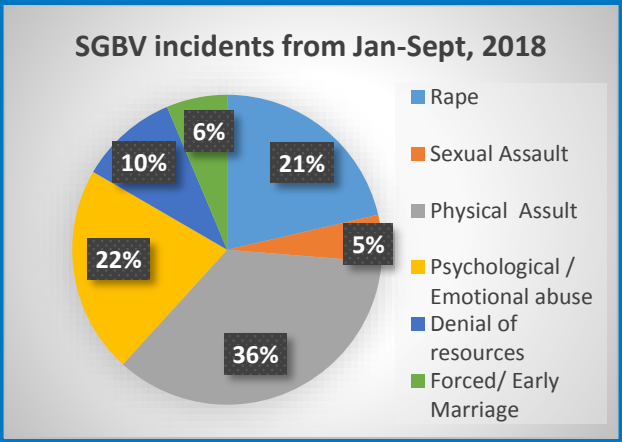
Key Figures

4397

Total incidents January to September

399

Total incidents in September



84%

Incidents among adults

16%

Incidents among children

Interventions January-August, 2018

Type of Interventions	Number of beneficiaries	Percentage
Psychosocial services	4,327	98%
Legal assistance services	1,545	35%
Health/Medical services	513	12%
Livelihood services	385	9%
Safety and security services	244	6%
Safe house /Shelter	102	2%

Developments

- In September, 399 (35M, 364F) incidents were reported from 13 refugee hosting districts. SGBV incidents dropped from 532 in August to 399 in September. Most incidents occurred at night and were perpetrated by intimate partners. Kisoro and Kampala districts, reported the highest incidents of sexual violence (Rape and sexual assault). In settlements, physical assault was the most reported incident. Among males, denial of resources and emotional abuse at household level were the key incidents reported.
- Key factors contributing to SGBV include; alcoholism, poverty, power imbalances between men and women, conflict and complexities within urban that increase vulnerability to SEA.
- All Survivors received psychosocial support and were referred to health, legal, livelihood and security service providers based on need and consent. UNHCR and partners continue to strengthen SGBV prevention activities.
- The SGBV working Group conducted a joint SGBV monitoring visit in 9 health facilities in Bidibidi and identified key gaps in service delivery, which inter alia included: minimal adherence to treatment protocol due to stock out of essential drugs, poor data management, limited knowledge on SGBV and lack of designated focal points for survivor support.
- Numerous advocacy interventions aimed at improving service delivery were conducted with GoU and key service providers. In Adjumani, UNHCR through the SGBV Working Group facilitated a meeting with police officers and health care providers to discuss issues relating to referral pathways that affect timely response to survivors. Major concerns such as medical fees imposed on survivors and perpetrators in government referral hospitals, logistical challenges experienced by police in the settlements and accountability for PF3 Forms were discussed. Partners recommended decentralization of funds from the Ministry of Internal Affairs to the District level to cover examination fees at government referral hospitals as a possible solution.

- UNHCR joined the "GBV Network of Arua District", a coordination platform promoted by the District Local Government with technical and financial support of a national NGO, Reproductive Health Uganda. The network consists of 25 members from the public and civil society sector and is currently developing a Local Action Plan (LAP) for 2019-2024 to strengthen the District response to SGBV. UNHCR and OPM participation will ensure that protection needs of refugee populations in settlements and urban settings are effectively included and addressed in the formulation of local public policies.
- In Bidibidi, 53 community leaders (20F, 33M) were engaged in discussions on identifying and reporting SEA in the settlement.
- In Arua, UNHCR organized and facilitated refresher COC and PSEA TOT trainings reaching 56 participants from Imvepi, Rhino and Lubule settlements. Participants were drawn from OPM and partners. Since the start of the year, SO Arua has facilitated 25 trainings on PSEA targeting UNHCR staff, partners, community workers and volunteers, interpreters and other service providers reaching in total 899 beneficiaries pursuant to the Arua Action Plan developed in May 2017. Oxfam, MTI, HI, DRC, CTEN, HADS and IRC also trained their staff, volunteers, and contractors on PSEA and had participants commit to upholding the Code of Conduct.
- SO Arua conducted border monitoring visits to Saliam Sala and Busia unofficial entry points, as well as Kuluba and Busia collection centres. The presence and activities of SPLM-IO along the borders of West Nile Region was confirmed by Ugandan Police and Congolese migration authorities. It is alleged that those groups, together with the South Sudanese army (controlling the road from Yei to Kaya, as well as Morobo) are the main perpetrators of SEA reported during flight by refugee women and girls. From January to August 2018, SO Arua received reports of 23 SGBV incidents during flight.
- A safe space for women and girls has been established at Kuluba collection centre where information on hygiene, MHM, sexual health and reproductive rights, as well as SGBV will be provided. It is expected that this initiative will help SGBV partners identify survivors upon arrival and effect timely referral services.

Achievements

- Pre-funding for the spotlight initiative for $75,500 to install solar lights branded with IEC material was received in the course of the month. It was agreed that RCO through UNDP will manage the procurements on behalf of UNHCR. The specifications of the solar lights will thus be shared with UNRCO so that procurement and installation can commence immediately.
- A UNHCR-led inter-agency teenage pregnancy assessment aimed at generating statistical evidence on teenage pregnancy and early marriage in Bidibidi was completed. Data was collected from 22 health facilities, 42 schools (37 primary, 5 secondary), SGBV/legal partners, 5 police posts/1 police station. Although data analysis is still underway, a quick preview of data from 38 schools with 68,110 enrolled recorded 130 pregnant girls with 104 learners having already had a child.
- UNHCR continued with its engagement of the SASA! methodology across operations. In Kampala, a meeting was held with Raising Voices, authors of the SASA! model. Various tools have been developed including the guide on implementing SASA! in humanitarian settings. UNHCR is reviewing the adaptation tools based on experiences in settlements, as part of the field testing process for the tools. In Adjumani, a rapid assessment on SASA! covering 18 settlements was conducted to conclude the implementation of Phase II. Six focus group discussions and house to house data was collected on a sample size of 3,864 individuals. Consolidation of the assessment report is underway, the findings will inform the SASA! teams' effectiveness of Phase II, and give indications on roll out of SASA Phase III.
- In Arua Settlements, protection partners continued to promote behavioural change and gender equality by implementing community mobilization approaches. 34 (19F; 15M) SASA! Community Activists (CA) were

trained in Imvepi and planning meetings held with 6 CA in Omugo, in preparation for a service mapping exercise that will be conducted shortly. In Kiryandongo, 45 (29M:15F) Community members and SASA activists were taught how to use different SASA strategies such as community drama, power posters and community dialogues as ways of countering SGBV.

Figure 1 RMMB mentorship session and male engagement outreaches in Omugo

- Mentorship sessions were conducted for 118 Role Model Men and Boys (RMMB) in Omugo to enhance their capacity to effectively challenge negative cultural stereotypes that promote subordination of women and girls, and engage their peers in non-violent conduct at home and in the community.

- In Moyo,Kyaka II, Rwamwanja, Kyangwali, Kiryandngo Adjumani and Arua settlements as well as in Kampala, UNHCR and Partners with support from the community disseminated messages on SGBV prevention and response through youth led initiatives of drama. Some sessions took place in Safe Spaces that attracted women & youth to build skills. Urban participants were made aware of and urged to make use of the Helpline to register their concerns. In Kyangwali, 3 Mental Health Psychosocial Support (MHPSS) awareness creation campaigns were also conducted to 415 (162M, 253F) participants. 03 community volunteer counsellors were subsequently selected to support the community in accessing psychosocial support especially on referrals, home visits and follow ups to sensitize the community about rights of mental illness survivors. In Kiryandongo sensitization on psychological and mental effects of SGBV was undertaken with 39 (29F, 10M) community members present.
- UNHCR conducted its annual AGDM participatory assessment in Kiryandongo and the following issues were highlighted: poverty, access to livelihoods, food scarcity, domestic violence, early marriages, prostitution, school drop outs, and women facing risk of sexual assault when collecting firewood and survival sex.
- A capacity building session on psycho-social education for 59 (32F, 27M) community-based facilitators and volunteers was similarly undertaken in Rhino Camp. The training provided participants with basic skills required to conduct group-therapy sessions for girls at risk of SGBV. Additionally, a psycho-social education module was rolled out in Imvepi. 2 Focus Group Discussions were held in Omugo and engaged 32 girls in conversations on risks faced while collecting firewood, as well as constructive socializing opportunities in settlements, as appropriate alternatives. 14 "Girl Shine" sessions, promoting the empowerment of 326 adolescents in Imvepi and Omugo were also held in the month of September. In addition to the above, several community-based activities were conducted in Rhino and Imvepi to promote women and girls' engagement where a total of 519 women attended Women and Girls Centres (WGCs), accessing classes of adult literacy, tailoring, hair dressing, knitting and baking. 63 of them also engaged in 3 group psycho-social sessions aiming at stimulating their economical entrepreneurship and participation in public life.
- Numerous trainings were conducted for service providers with the aim of enhancing capacity to offer services. In Bidibidi and Arua a total of 3 trainings on clinical management of rape targeting health workers from government and NGO health facilities that assist SGBV survivors were conducted. A total of 57 service providers were trained (38F, 19M). Topics included concepts in SGBV, performing physical and genital examination, treatment and management protocols of SGBV survivors, counselling of survivors, routine screening of SGBV survivors, survivor follow up, legal frame works, filling of the various tools, and how to present and keep evidence on appropriate medical response to rape survivors. In Palabek, a 5 day SGBV case

management training was organised by LWF in Partnership with UNHCR to enhance knowledge and capacity of SGBV case workers including counsellors, health staff and police. In the Urban Program, UNHCR and InterAid held a 4 day SGBV training for the Community Extension Workers of Rubaga Division which was attended by 30 Community Extension Workers from the area. Another two-day SGBV training was also conducted for staff of InterAid Uganda. Among the participants were all six SGBV team members and two Child Protection staff members of InterAid Uganda. The topics covered during the training were SGBV Prevention and Response, GBVIMS, SASA and cross-cutting linkage between SGBV and Child Protection.

Figure 2 Members of Rwamwanja GBV Task force in a meeting

- GBV task force meeting was conducted in Rwamwanja. A total number of 83 members (40F, 43M) turned up. The main objective of the meeting was to find out the challenges they face in handling GBV cases and also how they work with other community structures in case management, reporting and referral pathways.
- A joint technical support supervision on SGBV management was conducted in Arua by UNHCR, Health partners and Koboko District Health Office targeting health facilities serving PoC's in Imvepi, Rhino and Lobule settlements as well as Kuluba collection centre. A number of issues had previously been raised in various inter-agency coordination fora about challenges and gaps existing in health facilities relating to delivery and access to SGBV medical services. Some of the issues included: limited capacity to document medical examination findings, constant stock out of some supplies, technical capacity gaps and poor follow-up of cases. To gather tangible information and data, the supervision team comprised of health and protection staff reviewed SGBV tools and registers in all the health facilities. Key points of action for protection partners identified, included holding SGBV Sub Working Group Meetings at Health Centres to improve attendance, emphasizing the current mandatory reporting procedures in Uganda, improving the referral pathway by reaching health centre's in person, CARE to distribute analysis kits, and involving all partners when designing trainings to encourage coordination.

Needs:

- Need for continued expansion of post primary education opportunities in addition to other meaningful engagement of adolescents and youth as a mitigation measure against SGBV.
- As local and institutional capacities to address SGBV-related issues are overstretched, refugees need support in SGBV prevention and response.
- Survivors are often reluctant to seek assistance due to the negative social stigma associated with SGBV and risks to personal security. In order to encourage survivors to seek assistance, the availability of specialized services and safe spaces is essential. A key priority in this regard is the establishment of additional women safe spaces in a number of refugee settlements as existing ones are inadequate. Such needs have been identified in Omugo and Lobule. Durable shelters for SGBV survivors in the proximity of Police Posts and/or OPM offices, as an alternative to existing Protection Houses, whose capacity in terms of available beds is very limited could also be of assistance.
- Survivors need emergency and life-saving services including medical, which are often inadequate or lacking. Psycho-social and legal support services need systematic and institutional support to strengthen their capacity. Above all, these services need to be available and accessible to refugees.
- Community mediation initiatives, including engagement of men and boys remain critical to address the root

causes of SGBV.

- Create safe environments by establishing access to energy as well as adequate lighting in off-grid areas like, markets and trading centres, public latrines etc in all villages and train groups as care takers of lighting systems as a community based protection mechanism.
- Build more capacity in the men to men SGBV advocacy groups within the settlements.
- Provide capacity building for justice system staff including: Police, Prisons, Judiciary, Lawyers, community leaders, and staff on Refugee Protection.
- There is need to fill the gaps left by organizations phasing out of SGBV programs in settlements. UNHCR held meetings with operational partners phasing out from Rhino Camp and Imvepi settlements: CARE International is closing its ECHO 1 project in West Nile region and is withdrawing from case management activities in Rhino Camp. Further, War Child Canada (WCC) will only continue with legal service provision in Imvepi if additional funds are availed. UNHCR is following up with partners to ensure proper hand over of individual cases to DRC and IRC in an effort to minimize disruptions in service provision to survivors.
- Additional Women and Girls Centers in Imvepi, Rhino Camp and Lobule that can function as safe spaces where key messages on SGBV, PSEA, MHM, SRH can be shared and survivors can feel comfortable enough to disclose incidents they have suffered and be referred to appropriate services.
- Need for improved access to alternative sources of energy that would limit risk of SGBV during firewood collection.

Challenges

- In countries of origins of some PoC's, sexual violence has been used as a weapon of war. Many have experienced sexual abuse, torture and separation from family members before or during flight. For SGBV incidents that occurred before or during flight, survivors have little or no chance to effectively pursue legal redress. Emotional and psychological trauma is common among refugees who have experienced violence or have witnessed violence perpetrated against family or community members.
- Inadequate domestic and security lighting across the settlement remains a gap.
- Inadequate funding affecting response and prevention activities leading to scale down, reprioritisation and end of some projects.
- Limited number capacity of police which adversely affects timely response to incidents and arrests.
- Charging of examination fees at government referral hospitals for cases of assault, defilement and rape precludes refugees seeking service.
- Lack of incentives for community structures which affects commitment to conduct outreaches and other interventions in communities.
- Underreporting of SGBV cases remains a major concern due to a variety of factors including fear of stigma, shame, family reaction and dissolution, perception of SGBV as a private matter, or lack of confidence in reporting channels. According to the SGBV inter-agency assessment conducted in July and August 2018, the prevalence of SGBV is high among the refugees but is under reported due to survival complexities in urban setting. This creates challenges in providing assistance to the survivors.
- Secondary school education among girls is hampered by poverty, cultural norms that favour the education of boys over girls, lack of boarding sections for girls, absence of infrastructure required to enable girls manage their menstrual hygiene while in class. The dropout rate of girls contributes to child marriage and exposure to other forms of SGBV. The reduced access to vocational trainings and livelihoods opportunities increases the vulnerability of women and girls, especially those who are acting as head of household and are responsible for the care of a significant number of other family members. These circumstances increase their exposure to sexual exploitation, sexual abuse and survival sex.

- Socialization opportunities for youth in settlements is very limited and a significant number of boys, girls, men and women resort to Video Halls for entertainment. These spaces are identified by the community as hot spots for SGBV, where women and girls get intoxicated with alcohol and end up experiencing sexual assault and rape/defilement. There is an urgent need of alternative recreation opportunities, where young generations can engage in a constructive and meaningful way.
- Forced displacement contributes to changing family dynamics: men who used to provide support for their family in their country of origin become unemployed and idle in Uganda and sometimes adopt negative coping mechanisms, such as abuse of alcohol, leading to domestic violence. As a result of their inability to provide for their own families, contravening the gender stereotypes that impose men to be the house breadwinner, men are also exposed to stigmatization by their female partners, becoming exposed to emotional and psychological abuse as well as physical assault.
- Police in settlements are understaffed and some even have no means to arrest perpetrators, no transport and no holding cells. This has influenced community member's reluctance to report cases and also increased reliance on community structures which in most instances do not serve the interests of survivors and might actually lead to re-victimization.
- Delays within referral pathway have been noted. Some partners do not prioritize non-sexual violence. This signals a need for stakeholder engagement on SGBV case management with a focus on service access and referrals. The disparity of service fees at government owned health facilities, police examination forms for criminal investigation and court prosecution pose challenges, especially in urban areas. Perceived bureaucracy within the judiciary and police, mishandling of case files, poor facilitation in justice systems, lack of co-operation from complaints and constant transfer of public servants (especially in the police and the Judiciary) resulted in delays in prosecution of cases or even non sanctioning of case files due to lack of vital evidence.
- Despite numerous interventions on SGBV prevention and response, SGBV remains under reported. Specific groups of survivors particularly marginalized and older groups as well as male survivors and sexual minorities are inadvertently overlooked by service provision, enduring tremendous risks of ongoing abuse. This is compounded by the limited knowledge by refugees of the procedures to access services owing to inadequate knowledge on the institutional frameworks.
- Addressing LGBTI remains a challenge, given the hostile legal environment and general negative perceptions on LGBTI in Uganda.

Strategy

- SGBV prevention and response activities are being pursued in close cooperation with UN agencies and NGO partners. UNHCR also works closely with the Government in areas of social services, security, and the judiciary. UNHCR works to improve access to quality of services related to SGBV prevention and response, including:
- Providing safe environments for women and girls through mass communication, community mobilization, and establishment of Women Resource Centres and listening and counselling centres;
- Improving outreach to refugees, including through mobile activities to ensure identification and safe referral of SGBV survivors and those at risk;
- Strengthening existing specialized services for SGBV survivors, such as psychosocial, medical and legal services.
- Promoting engagement of men and boys in SGBV prevention and response;
- Strengthening key partnerships with UN agencies, NGOs, Government, and local communities to reinforce SGBV prevention, response and coordination mechanism.
- Application of the SASA! Approach and the Zero Tolerance Village Alliance (ZTVA) to reduce the risk of SGBV in the settlements.

- Using integrated programming to mainstream SGBV prevention and response into all sectors, in particular: shelter, WASH and child protection.
- In the Urban, UNHCR and InterAid Uganda continue to contribute to SGBV prevention and response through a multi sectoral strategy, a systematic identification system to ensure that SGBV survivors are quickly identified and provided with multi- sectorial support including medical, legal, security, and psychosocial support. The survivor centred approach, AGD sensitive approach, community-based protection approach and rights-based approach are used and partners are encouraged to use these approaches when dealing with SGBV. A stronger collaboration is required with some organizations such as JRS, RLP, CEDOVIP, ACTV and ActionAid Uganda that provide services linked to SGBV in Kampala with their own funding.

UNHCR implementing partners

Government of Uganda, Humanitarian Initiative Just Relief Aid (HIJRA), Danish Refugee Council (DRC), Lutheran World Federation (LWF), International Rescue Committee (IRC), Humanitarian Assistance and Development Services (HADS), CARE International Care and Assistance for Forced Migrants (CAFOMI) and American Refugee Council (ARC) Inter Aid Uganda (IAU)