



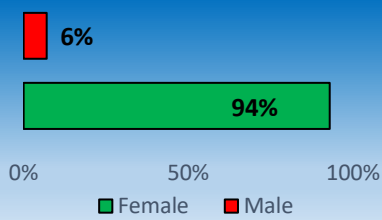
UNHCR Monthly Protection Update Sexual and Gender Based Violence (SGBV) May 2019

Key Figures

1716

Total incidents Jan-May

Sex of survivors



SASA! Methodology phase two training for UN and partner staff in Arua ©Paola Bolognesi

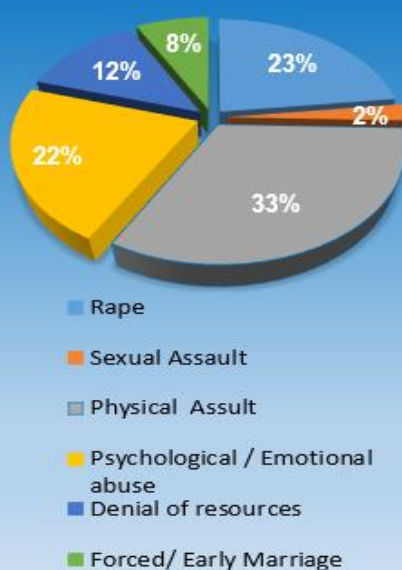
May developments

- 458 (419F/39M) incidents were reported from refugee hosting districts. 71 incidents managed were of child survivors. Physical assault (178) remained the most prevalent incident followed by rape (100), psychological/emotional abuse (80), denial of resources (61), forced/early marriage (33) and sexual assault (6). The negative use of power in relationships continues to be the main contributing factor to SGBV in the settlements and host communities. Other drivers of the violence include scarcity of fuel and natural resources increasing risks of attacks, limited livelihood opportunities, poverty and conflict among others.
- Refugee women continued accessing Women Centres where they could enjoy a safe space to share experiences, learn leadership, entrepreneurial and life skills (tailoring, bakery, hair dressing etc.). In May, 915 women and girls in Arua had accessed the centres.
- UNHCR and partners continued with prevention activities using various methodologies. In Arua, 02 EMAP programs were held in Imvepi (Male curriculum) benefitting 188 with the graduation of 39 EMAP in zones III, village V.

02 other EMAP programs (Female Curriculum) were conducted with women groups. These women groups were introduced to EMAP in Omugo, and 45 women were reached during the sessions.

- PSEA:** In Bidibidi, one allegation of sexual exploitation and abuse involving a staff member from a partner agency was reported. The perpetrator has been arrested and survivor has received appropriate care including medical care and psychosocial support with case follow up ongoing
- To mitigate the gap in access to justice for GBV survivors, Refugee Law Project (RLP) commenced a GBV-centered project funded by UN Women covering legal support to women survivors, empowerment of refugees and environment conservation.
- The International Rescue Committee (IRC) established 03 Adolescent Girls Shine groups across the villages and held 3 sessions with these groups on the topics of “managing stressful times, self-confidence, safe places and our rights” reaching out to a total of 87 adolescent girls.
- Further, IRC’s adolescent girls programme conducted training of 121 girls on self-confidence, friendships, our safe space, our rights, people I trust, communicating without words, sexual health, formation and introduction of girl shine, gender equity and equality to bring about community peaceful co-existence, dangers and effects of early marriage, self-esteem.

SGBV incidents Jan - May



SGBV interventions Jan-May

Interventions	Number	%
Safe House /Shelter	36	2%
Health/Medical Services	310	18%
Legal Assistance services	501	29%
Psychosocial Services	1293	75%
Safety and Security Services	169	10%
Livelihood Services	211	8%

Coordination

- UNHCR facilitated the inaugural Health Sector SGBV review meeting. The district health management committee, health partners, religious leaders, protection partners and officers in charge of all government health facilities within Yumbe participated in the meeting. Key issues discussed included irregular joint monitoring and supervision of SGBV services; data and information management; as well as medical examination of survivors. It was recommended in the meeting that quarterly Health Sector SGBV review meetings, quarterly joint monitoring and supervision of SGBV services should be conducted. Additionally, It was recommended that the Protection Working Group discusses facilitation of expert witnesses for legal process to enable DHO send a memo for free medical examination in all health facilities, UNFPA and YDLG to support the generation of district ordinance against alcohol and drug misuse in Yumbe, need to support investigation and evidence collection to help facilitate legal process and involvement of all stakeholders in SGBV prevention activities among others.
- UNHCR in partnership with WoMena/WHH project conducted a stakeholder's meeting to discuss improvement of menstrual hygiene management (MHM) within Bidibidi settlement. Noted was the rejection of ethical application to Uganda National Council for Science and Technology (UNCST) for WoMena to conduct a project /feasibility study of menstrual cups as a menstrual health innovation in refugee /humanitarian programming on grounds of concern over adequacy of sanitation conditions in refugee settlement for the use of menstrual cups. Therefore there will be no distribution of menstrual cups in Bidibidi.
- UNHCR continued to participate in monthly coordination working group meetings. In Adjumani, joint working group activities as well as the need to discuss with the district health officer to encourage the health personnel to waive the charges levied on rape victims while filling in the PF3 form. In the mid-west, the signing of SGBV SOPs was finalized thereby making them an official working document for Kiryandongo. In

Mbarara, world refugee day and camp level coordination meeting was conducted.

Community participation in SGBV prevention

- UNHCR continued conducting awareness and sensitization campaigns. In Arua, as at the end of May, 362 campaigns reaching out to 33,035 (18,732F/14,303M) refugees and host communities have been conducted. In May, 73 awareness and sensitization campaigns reaching out to 2,459 (1561F/898M) were conducted. The topics included: SGBV referral pathways, services at women & Girls centres, GBV core concepts, dangers of early marriage, misuse of power, causes, dangers and effects of physical violence, forms of SGBV, Gender equity and equality to bring about community peaceful co-existence in the community among other topics.
- In Arua, DRC worked with community activists and conducted 01 awareness session in Wanyange A on prevention of physical violence and the referral pathway. 97 individuals participated (55F/42M) in the session.
- UNHCR conducted a dialogue / meeting with the stakeholder's forum of base camp 4 in Rwamwanja settlement. The main objective of the dialogue was to assess the progress of Zero tolerance village alliance (ZTVA) methodology implementation. 19 members participated (08F/11M) in the dialogue.
- During the inter-sector campaign to combat teenage pregnancy and early (child) marriage, stakeholders in Bidibidi settlement jointly conducted 3 open community awareness sessions in Zone 5 with the theme; "together we will protect our girls" reaching out to 374 (239F/135 M) beneficiaries.



Community members in Zone 3 village 1 attending a community dialogue on dangers of early marriage

- In former ZTVA villages like Mahani A, Kyempango A1 and Nkoma A, UNHCR conducted 03 stakeholder's forum meetings. 120 members participated in the meeting (78M/42F). The purpose of the meeting was to discuss the ZTVA impact at community level, challenges the committees face in responding and preventing GBV.
- In Kyaka II, DRC together with ARC conducted 06 community participation activities (03 joint awareness meetings and 03 community dialogues) in Kakoni, Itambabiniga Reception Centre and Bwiriza on sexual violence, economic violence, physical violence and the referral pathway. 1,878 (917F/961M) actively participated. Women reiterated that the long distances to food distribution points increases their risk of exposure to SGBV.
- In Bidibidi, routine psychosocial support activities continue at the women and girls safe spaces with 85 women and girl survivors turning up for group Psychosocial support and experience sharing, 176 for VSLA group meeting activities, All eight VSLA groups that enrolled in EA\$E discussion series have completed the eight sessions and are yet to have the business skill trainings. 80 women participated in knitting/tailoring while 35 took part in bakery.
- In Bidibidi, 140 women and girls were reached through reproductive health sessions with the health team at the women centers aimed at increasing awareness on sexual reproductive health and access to SGBV health services.
- EMAP sessions with men were conducted with 158 participants from 4 groups. This was aimed involving men in discussions on appropriate use of power to influence positive behavioral change.
- RLP held 1 radio talk show on teenage pregnancy and early marriages. The guests were district speaker, OPM Community Assistant, and Nurse from Swinga Health. Additionally, RLP conducted 3 meetings with 80 members of women support groups on gender issues, teenage pregnancies and advocacy
- ARC conducted 07 SGBV awareness sessions through community drama and posters reaching out to 781 (464F/317M) refugees within Yangani, cluster. This was aimed at demonstrating the

benefits of positive use of power at home to prevent violence against girls.



Community members in Bidibidi watching a drama on positive use of power at homes.

Capacity building

- A training of Male Action Groups (MAGs) on prevention and response to SGBV was held at Magamaga youth centre in Kiryandongo from 14th -16th May. The training was attended by 60 participants and sought to strengthen the capacity of MAGs in engaging men and boys in SGBV prevention and response in the community.
- From 6th-10th May, a Training of Trainers (TOT) of partner and UNHCR staff on unpacking the awareness phase of the SASA! Methodology was conducted. The training aimed at imparting knowledge and skills on how to implement the second phase using the local activism, media and advocacy, trainings and communication materials.
- UNHCR conducted a session on PSEA and the Code of Conduct in Rwamwanja on 13th May. The session was attended by 13 contractor staff working in Rwamwanja. Further, PSEA Community Based Complaints Mechanism (CBCM) training was conducted for Nakivale and Oruchinga settlements to support the establishment of country-based PSEA networks. 37 participants drawn from partners, police, OPM and UNHCR benefitted from the training.
- UNHCR conducted 5 training sessions for 243 school teachers in Kyangwali on power and gender, SGBV and SEA. The training responds to refugees' complaints of sexual harassment of students in schools.
- In Kyangwali, HIJRA conducted training for its staff and partners on clinical Management of rape and sexual assault. Survivors and partners from OPM, MTI, SCI, LWF, CARE, and ARC were also in attendance.

- UNHCR Conducted 03 GBV capacity building trainings for; 14 (6F/8M) new IRC WPE staff, 31(15M: 16F) Nakivale and 28 (23F/15M) Oruchinga. The training included IRC Way, GBV Core Concepts, guiding principles and the GBV referral pathway. Participants included; Police, OPM, HIJRA, CRR, MTI, Nsamizi, Refugee Law Project, WFP, Hunger Fighters, ARC, Windle International, War Child Canada, RWC III, and the committee among others.
 - A Protection training was organised by LWF and co facilitated by UNHCR, OPM, ARC and Thrive Gulu. The activity was attended by 35 participants (4F/31M) and targeted border point officials, police officers, and other security officials. The training aimed at sensitizing participants on the Ugandan legal system as well as promotion of rule of law. The participants were taken through the role of OPM and UNHCR in refugee protection, national and international legal instruments in the protection of refugees, SGBV Prevention and Response, child protection and psychological support to survivors.
 - In Lamwo, ARC conducted training to 09 (2F/8M) 3 Para-Legal, 3 SGBV incentive workers and 03 MHPSS incentive with purpose of building their capacity in identifying cases that requires legal support, case management, mediation as well as their roles and responsibilities as paralegals and incentive workers
 - In Arua, UNHCR conducted four trainings on PSEA reaching 194 (107M/87F) participants comprised of RWCs, Religious leaders, community based volunteers, LCs, Women Counsellors. The participants were informed of existing reporting channels and their contribution as leaders to prevent and respond to SGBV.
 - In Adjumani, ARC conducted a training to 10 court interpreters (all males). The training sought to capacitate participants to work as court interpreters for Sudanese refugees. Participants were taken through basic Ugandan legal system to understand both criminal and civil court procedures and communication skills.
 - In Omugo and Ofua zones of Rhino camp settlement, 01 safety audit review workshop was conducted. Tools to be used during the safety audit exercise were reviewed. The sessions developed a schedule for safety audit and discussed about the Do's and Don't's of data collection. There were 27 participants (SCI, CARE, community leaders and IRC staffs).
 - HADS conducted a training in Psychological First Aid (PFA) in Lobule Settlement. 54 (26F/28M) participants including HADS protection staff, Police, OPM, Community structures. The trainings sought to equip protection staff and SGBV structures with basic knowledge on how to offer PFA to GBV survivors and equip Case Workers with knowledge in identifying GBV cases within the community and how to work with the existing community structures in identifying and responding to GBV related cases.
- Challenges**
- Underreporting of SGBV cases due to fear of reprisals and/or mistrust on getting supported if reported.
 - Limited staffing at government facilities and police posts continues to affect service access by survivors.
 - Increasing mental disorders and excessive alcohol abuse compounded by inadequate mental health interventions.
 - Limited access to basic necessities including sufficient hygiene kits leads to negative coping strategies that increase the risk of SGBV.
 - Partners' financial constraints leading to reduction in staff physical presence at the field, support to SGBV community structures, material support at the women centres and routine SGBV awareness activities. This results in reduced SGBV case intake and community engagement. Efforts are being made to strengthen the capacity of community structures to ensure sustainable approaches for SGBV prevention and response.
 - Access to justice for SGBV survivors is still a gap with inadequate knowledge and support for legal processes, logistical support to police for timely case management support and rejection of medical examination (PF3 filled) by non-governmental health facilities. Efforts are being made to engage district health officers, police and court to harmonise medical examination practices.
 - Girls have limited access to secondary school education. This is propagated by various factors that increase the dropout rate of school girls further contributing to the risk of child marriage and other forms of SGBV.
 - Release of perpetrators without proper community sensitization which jeopardizes the safety of survivors and reporting of SGBV cases.
 - Limited socialization opportunities in refugee settlements leading youth to resort to Video Halls

for entertainment. Communities have identified these spaces as hot spots for SGBV. There is an urgent need for alternative recreation opportunities that enable youth engage in constructive and meaningful ways.

- Reduced access to vocational trainings and livelihood opportunities increases vulnerability of women and girls to sexual exploitation and abuse.
- Inadequate counselling space (outreach programme) for GBV and other critical protection cases has been noted particularly in South West.
- Inadequate support for the police, Probation and Social Welfare Department during case follow-up.
- Some Refugee Welfare Council (RWC's) are surpassing their jurisdiction and managing cases outside their limits. There is need for capacity building training for community leaders on case management
- Resources for capacity building of the community based structures to enhance SGBV prevention and response are poorly facilitated. This creates gaps in SGBV identification and reporting.
- There is a gap in male engagement and support to male survivors by partners being exhibited by the lack of comprehensive case support and follow up on male survivors and low engagement of men and boys in routine SGBV prevention activities.
- Long distances to food distribution increases risks of women

Strategy

Prevention and response activities are pursued in close cooperation with UN agencies, NGO partners and the Government of Uganda. UNHCR works to improve access to quality services in SGBV prevention and response, including:

- Providing safe environments for women and girls through mass communication, community mobilization, and establishment of Women Resource Centres as well as listening and counselling centres.
- Strengthening existing specialized services for SGBV survivors such as psychosocial, medical and legal services and support survivors to the same, adopting a survivor centred approach particularly intensifying psychosocial interventions for IPV (Intimate Partner Violence) survivors who may fall

vulnerable to a variety of mental health issues and remain hidden.

- Using integrated programming to mainstream SGBV prevention and response into all sectors, in particular; shelter, WASH and child protection.
- Application of the SASA! Approach and the Zero Tolerance Village Alliance (ZTVA) to reduce the risk of SGBV in the settlements.
- In South West, refresher SGBV/GBV IMS training for the partner staff in the different locations of Rwamwanja, Ntoroko and Kyaka II settlements are planned for enhanced SGBV data management.
- In the Urban, UNHCR and InterAid Uganda continue to contribute to SGBV prevention and response through a multi sectoral strategy. However, 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.
- Awareness raising, sensitization, and advocacy within communities to address under-reporting of GBV cases in communities, early reporting, witness to SGBV incidents, Court process and community responsibilities towards SGBV prevention and response.
- Training and capacity building of community based committees/ groups implementing SGBV initiatives in community.
- Protection of refugees from sexual exploitation and abuse through intensifying community mobilization and sensitization.
- Improving outreach to refugees, including through mobile activities to ensure identification and safe referral of SGBV survivors and those at risk
- Strengthening key partnerships with UN agencies, NGOs, Government, and local communities to reinforce SGBV prevention, response and coordination mechanism.
- Promoting engagement of men and boys in SGBV prevention and response.

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)

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