

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

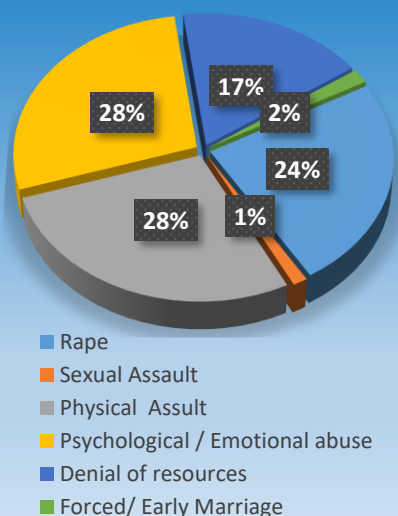


Key Figures

3174

Total incidents Jan -August

SGBV incidents Jan - Aug 2019



SGBV interventions January -August 2019

Interventions	Number	%
Safe House /Shelter	56	2%
Health/Medical Services	741	23%
Legal Assistance services	1216	38%
Psychosocial Services	3040	96%
Safety and Security Services	514	16%
Livelihood Services	509	16%



Training on PSEA for Sexual Exploitation and Abuse (SEA) focal persons in Imvepi and Lobule settlements

Key highlights

- 3174 (2665F/509M) SGBV incidents were reported between January and August 2019 in the refugee hosting districts. In August alone, 489 incidents were reported. Compared to the previous months, incidents of psychosocial and physical assault were reported highest from the refugee settlements. However, rape was recorded highest in Kampala among urban refugees and Kisoro Transit centre that receives new arrivals from DRC. Reported incidents of violence against children also slightly increased this with 78 incidents compared reported in comparison to the 50 last month. They were referred to Child protection actors for Best Interest Assessment.
- Inter-Agency PSEA Meeting:** UNHCR briefed on the progress of Inter Agency Community Based Complaints Mechanisms trainings at the taskforce meeting. Trainings have been conducted for PSEA networks in refugee settings. The only sites pending are Adjumani and Moyo. It was also agreed during the meeting that trainings will be conducted in non-refugee hosting areas as well. Further, an initial draft of the Inter Agency SOPs was prepared and shared with various organizations for comments. The comments once received will be incorporated into a final draft for eventual tabling and endorsement by the UNCT. An analysis of the Action plan matrix was conducted to track compliance and it was noted that UNHCR is almost fully compliant on all the action points and is by far the most compliant of all UN Agencies. The other agencies were urged to make efforts in following up on the agreed actions in the plan.
- As part of implementing SASA! in Adjumani, UNHCR led partners in planning for the next phase of implementation. As SASA! Phase III (Support phase) concludes, a rapid assessment using focused group discussions is planned in September to assess the impact of this phase of implementation. The findings will subsequently inform on readiness to move to SASA! Phase IV.
- Engaging Men in Accountable Practices (EMAP):** 8 EMAP sessions were held in Imvepi and Omugo, reaching 161(137F/24M). In Bidibidi, 171 men from zones 1, 2 and 4 graduated in EMAP, 82 women turned up for EMAP sessions and 20 men were identified and enrolled to start EMAP sessions.
- 20 sessions of the **Girl Shine methodology** were held to address barriers to development and education of girls aged 10-19. 573 girls discussed life skills, response to violence and stress management. As a result, girls are learning to control impulses, understand emotions, recognize healthy relationships and deal with challenges.

- 2,270 women and girls accessed the Women Centres of Imvepi and Rhino Camp settlements. UNHCR also participated in the handover of 3 Women and Girls Centres from CARE to OPM in Imvepi Zone II. Further, construction works for the 02 Female Friendly shades by DRC have been completed in the 02 Ranches and clusters E and G of Kiryandongo settlement.
- Safety **audit findings dissemination workshops** for Imvepi and Rhino Camp (Ofua zone) were conducted. The workshops were organized to share the findings of the safety audit conducted in June 2019 to assess the physical protection conditions for women and girls, their general concerns and gaps in service provision. The results of the safety audit depict that sexual, physical and emotional violence are the highest forms of violence faced by women and girls in Imvepi and Rhino Camp (Ofua zone). Challenges in accessing livelihood support, health and education were highlighted by the community, recommendations were made and will be circulated to relevant stake holders.
- UNHCR coordinated a joint SGBV health centre monitoring exercise in Bidibidi involving partners from health, protection and SGBV sectors with both government and partner's health facilities providing care for SGBV survivors visited. The monitoring activity noted great improvements in the quality of care for SGBV survivors notwithstanding a few gaps including lack of privacy, limited personnel trained in clinical care for rape, quality of documentation in the GBV register, poor data/document management among others.
- UNHCR in coordination with protection partners in Bidibidi conducted a rapid protection risk assessment in schools to assess protection risks for learners. Some of the issues documented include: abuses of learners, inadequate protection monitoring, inadequate MHM systems, poor documentation of reported child sexual abuses, poor referral linkage with school systems among others. A follow up meeting was conducted, and immediate actions generated including massive go back to school campaigns, mapping of school clubs, regular protection monitoring and school mentorship programs, improving referral pathway and linkage with school complaint mechanisms, and distribution of menstrual hygiene kits at the beginning of the term among others.
- In Bidibidi, UNHCR in coordination with IRC facilitated a training for 31 (12M/19F) PSEA focal persons from different organizations aimed at increasing knowledge and skills on interagency PSEA community-based complaint mechanism (CBCM). Through this the team was able to develop a PSEA joint work plan, generate a complaints referral pathway as well as initiate development of Bidibidi PSEA (CBCM) SOPs.
- To enhance data collection and recording by partners in Palabek settlement, a GBV Information Management System (GBVIMS) refresher training was held in August. Staff received on the job training on how to code messages during incident recording in GBVIMS. A review of the intake form was also undertaken with a view to standardize inter-agency case management tools. The review is expected to conclude in September to be followed by operationalizing the template across SGBV response partners.
- In Bidibidi, a training on SASA! was conducted for 20 Prevention and Assistant Response officers resulting in the development of a comprehensive work plan to strengthen the start phase.
- UNHCR also trained 14 (9F/5M) partner staff on GBVIMS in Arua as one of the recommendations from the physical file verification exercise conducted by UNHCR in July. Topics covered include GBVIMS standardization, GBVIMS tools, incident classification, coding and Incident recorder.
- A training was conducted on PSEA for Sexual Exploitation and Abuse (SEA) focal persons operating in Imvepi and Lobule settlements. The training was attended by 23 (16F/7M) partner staff. Prevention and confidential reporting mechanisms at a global and organization levels, instructions for the handling complaints boxes in FRRM framework and awareness creation on PSEA among partner staff and PoCs were some of the key topics covered. Following the training, partners agreed to mainstream PSEA and strengthen the PSEA networks.
- ARC with funding from BPRM conducted an exchange/learning visit for 41 male engagement members from Yangani- Zone V to IRC EMAP program in Swinga- Zone II in Bidibidi settlement aimed at sharing learnings and experiences to increase male involvement in SGBV prevention and response.
- In Kiryandongo, RLP conducted training sessions for Prison Officers that focused on building capacity in investigation of SGBV related crimes and documentation. Prison officers will also be trained on the nuances of dealing with victims, survivors and perpetrators of SGBV.
- In Kyaka, DRC organized a training on SGBV for 35 partner staff handling SGBV. The training covered

Capacity development

- In the spirit of the One UN and Delivering as One (DAO), UN-Women with UNHCR (Adjumani and Kampala) co-facilitated a training on Gender in Humanitarian Action (GiHA) from 19 -23 August in Gulu. The training equipped humanitarian actors in Adjumani with the knowledge and skills to mainstream gender in humanitarian settings.

SGBV concepts, case management, reproductive health and clinical management of rape, legal frameworks and Prevention of Sexual Exploitation and Abuse (PSEA). Additionally, AWYAD with support from OXFAM met women in Kaborogota for formation and strengthening of the women-owned forum. The Plan is to have 40 women per group in both Kaborogota A and B. The women will also undergo training.

- GNI organized a 4-day training on Sexual and Reproductive Health to 20 secondary school students, and on dangers of child sexual abuse and Referral pathway to 60 pupils from Bukere, Mukondo and Bujubuli primary schools in Kyaka.

Community participation in SGBV prevention and response

- Final prevention activities for concluding the campaign against teenage pregnancy were conducted across Bidibidi settlement reaching out to 783 (544F/239M) community members. Additionally, IRC and ARC involved men in SGBV prevention activities through EMAP sessions with 60 men and mentorship meetings with 33 male engagement members. 226 (100M/126F) EMAP participants graduated. Routine psychosocial support activities continue to take place at the women and girls' safe spaces with 100 women and girl survivors turning for group psychosocial support and experience sharing, 190 for VSLA group meeting activities, 149 for functional adult literacy classes, 144 participating in knitting/tailoring while 11 took part in bakery.
- 92 awareness and sensitization sessions reaching out to 15,396 (4,367F/11,029M) refugees and host communities were held in Arua on SGBV topics. The sessions were conducted by partner staff and community structures, including Gender Task Forces, Male Action Groups and SASA! Community Activists.

Coordination

- In **Adjumani**, the Child Protection and SGBV Working Groups held a joint **meeting in a bid to strengthen linkages and improve coordination** of both child protection and SGBV activities. Among key highlights from the meeting was the rollout of the new Guidelines on Best Interests Procedures, rollout of the Alternative Care Action Plan, Implementation of SASA Support Phase and development of a plan for this year's 16 Days of Activism.
- UNHCR organised a **review meeting with protection partners** from Arua settlements to discuss achievements and challenges encountered in the 2nd quarter of 2019, with the aim of drawing lessons learned and proposals on how to address pending gaps. Participants jointly analysed GBV statistics and trends, agreeing to double efforts to reach adolescent

mothers' survivors of child marriage who typically fall outside activities targeting girls or adult women. Participants discussed community-based approaches that can work as an alternative to protection houses in the settlements and adopted Minimum Standards for the Management of Women and Girls Spaces in Arua and Koboko districts. UNHCR committed to share sanitary distribution plans with protection partners, to enable them to support the exercise and stressed the importance of training on confidentiality translators and supporting SGBV community structures in adopting written TORs.

- UNHCR participated in a meeting organised by UNDP at WFP to discuss the GBV activities that UNDP intends to implement under a **multi-year Spotlight Initiative** that aims to support transformative change on the ground to end violence against women and girls. During the discussion with SGBV sub sector, UNHCR gave an overview of the SGBV situation in West Nile with the focus on Rhino Camp, Imvepi and Lobule refugee settlements as well as the gaps in implementation of SGBV prevention and response activities and this was through a question and answer session between UNDP, UNHCR, DRC and IRC. It is anticipated that another inception meeting at district level will be organised and UNHCR will be able to have more insight on the project.
- UNHCR participated in the **orientation meeting organized by MTI for the WFP (nutrition) extension program staff** and some refugee leader representatives in Imvepi settlement where PSEA was in cooperated in the agenda. During the meeting, it was emphasized that all tasks that MTI staff will undertake must be in accordance with the WFP gender policy which gives a priority to equality and women empowerment. The PSEA focal person who was recently trained by UNHCR on PSEA was able to explain how UNHCR has zero tolerance to SEA and she pledged that MTI, its agents, personnel, contractors and sub- contractors will be taken through PSEA sessions. UNHCR will continue to support them in this cause.
- **DRC/HADS** conducted the third quarter meeting with SGBV community structures (Male Action Groups and Community Activists) and cluster leaders on their roles and responsibilities. In attendance were 59 (20F/39M). Action points from the meeting include the need to impart positive parenting skills, create awareness on early marriages, encourage children to engage in sports activities to prevent being to idle. Parents should be role models to their children, organizing sex and age appropriate sessions to identify the different issues and needs of each category. To engage water user committees to restrict water points closure time to 7:00pm.

Challenges

- Underreporting of SGBV cases remains a major concern due to a variety of factors including stigma, shame, family reactions and dissolution, perception of SGBV as a private matter, or lack of confidence in reporting channels. Most survivors remain silent due to fear of reprisals and/or mistrust on getting supported if reported.
- Limited access to basic necessities including sufficient hygiene kits leads to negative coping strategies that increase the risk of SGBV.
- 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. This is exacerbated by the lack of understanding of Host Country Laws by survivors who perceive the style of justice as non-responsive to their needs. Some Refugee Welfare Council (RWC's) have also been noted to be going beyond their jurisdiction and managing cases outside their limits which further confuses the access to justice process. There is need for capacity building training for community leaders on case management.
- Inadequate counselling space (outreach programme) for SGBV and other critical protection cases has been noted particularly in South West.

Strategy

- 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 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.
- Refresher SGBV/GBV IMS training for the partner staff in the different locations are planned for enhanced SGBV data management.
- Awareness raising and advocacy within communities to address under-reporting of GBV 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.
- SGBV 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.

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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