

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

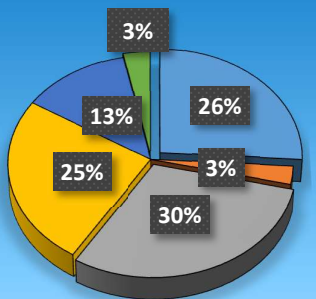


Key Figures

4452

Total incidents Jan - Dec

SGBV Incidents by category Jan - Dec, 2019



- Rape
- Sexual Assault
- Physical Assault
- Psychological / Emotional abuse
- Denial of resources
- Forced/ Early Marriage

SGBV interventions January -December 2019

Interventions	Number	%
Safe House /Shelter	92	2%
Health/Medical Services	1080	24%
Legal Assistance services	1405	32%
Psychosocial Services	4452	100%
Safety and Security Services	686	15%
Livelihood Services	756	17%



Partners, refugees and host community marching to demonstrate that SGBV is a violation of human rights © Sibö/UNHCR SO Adjumani

Key highlights

- 4452 (3851F/601M) SGBV incidents were managed, documented and reported between January and November 2019 in refugee settlements. 87% of survivors are female, 13% are males. Child survivors accounted for 14% of reported cases.
- Some of the contributing factors for the violence reported in December include, issues of power imbalance in families, the low household income levels, long distances to fetch firewood, alcohol abuse, having multiple sex partners, disagreements among couples after distribution of cash/food triggering physical and emotional abuse. Late and under-reporting of SGBV cases remains a major concern. Most cases of rape are managed beyond the 72 hours. Some have been reported to have occurred from country of origin. There has been a marked improvement in the referral system within the community, with greater emphasis being made on a community-based protection approach as a strategic approach. As a result, majority of the referrals made in December 2019 were done by the community as well as survivors who come on their own to report.
- **ProGres v4 roll out:** Adjumani Sub Office went live with the SGBV and CP modules of proGres V4 on 13th December 2019. ProGres v4 will improve service delivery and accountability to persons of concern.

There is need for continued mentorship of staff and eventually partners on the two modules to ensure its effective use.

- In Kyaka, two Protection staff participated in a 3-day proGres v4 workshop on CP/SGBV modules from 3-6 December. The objective was to learn about case management using proGres V4 SGBV/CP modules and design a road map on the roll out of proGres V4. It was agreed that by end of March 2020, all Field Offices/Units should go live and make proGres functional among UNHCR and partners.

Community Mobilization and outreach

- In Adjumani, two major SGBV sensitizations were conducted in the host community subcounty of Okusijoni and Agojo refugee settlement by Refugee Law Project (RLP) reaching 275 (106M/169F). Key issues discussed include human rights with an emphasis on right to education for girls, ownership and control of resources for women as a prerequisite for empowerment. Both communities highlighted the high drop out of girl child from school and vulnerability of women due to limited resources, access and control. The communities recommended more engagement of elders, couples and local leaders to strengthen their understanding and implementation

- Five community dialogues on causes & effects of child marriage, power and responsibility sharing in the family were conducted in Pagirinya, Boroli, Ayilo 2 and Agojo settlements by UNHCR through the implementing partner LWF and DRC. Communities recommended for adolescent programming, more male engagement and strengthening access to justice for survivors.
- In Adjumani, four radio talk shows were conducted on key landmark dates within the 16 Days of Activism aimed at raising awareness on SGBV and mobilizing communities to get involved in addressing SGBV in their communities. Key causes and consequence of SGBV, SGBV prevention and response were discussed. The panellists included the District Community Development Officer (DCDO), LWF, DRC, UNFPA and the representatives of role model men. Community members called during the show to get more clarification on referrals and access to justice for survivors. The shows were supported by UNFPA and UNHCR through DRC and CARE.
- In Kyaka, three joint sensitization meetings were conducted at the reception centre to new arrivals. 3882 (2062F/1820M) persons of concern were sensitized on SGBV types, Prevention, Response and Referral Pathways. Likewise, 3 women groups from Sweswe, Byabakola, and Kabologota were supported with 48 hoes, 5-wheel barrows, 30 Jerry cans in order to support the group activities undertaken to generate income as a means of economic empowerment in SGBV prevention and response.
- In Nakivale, two Safety Audit assessments were conducted to identify risk factors exacerbating SGBV in the community and seek suggestive measures on how to ensure women and girls are safe. Tools used included Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and observation checklist. Safety Audit dissemination workshop was attended by 30 (17M/13F) persons in Nakivale and 31 (18M/13F) in Oruchinga. Key partners participating included WFP, HIJRA, Police, Tutapona, Windle International and ARC.
- In Kyangwali, two awareness raising campaigns were conducted in Kasonga and Munsisa B villages on the impact of sexual violence, teenage pregnancy and early marriage as a harmful traditional practice. 184 (108F/76M) were reached during the campaigns. The key issues discussed include: RWC's handling some cases at village level which at times causes conflicts; delayed arrest of perpetrators; increased drug and alcohol abuse by youth due to idleness; denial of resources by spouses among others. It has been noted that the participation of men in outreaches is still low. This is anticipated to overcome with the introduction of behaviour change approaches like Male Action Groups. Men are being encouraged to engage in responding to SGBV by becoming agents of change through positive use of power in their families.

Community participation in SGBV prevention and response

- In Nakivale, OPM and UNHCR together with partners, participated in the celebration of 16 Days of Activism that took place in Juru Sub-Base Camp as a campaign to collectively fight against the vice of SGBV at the workplace and community. Windle International Uganda (WIU) mobilized pupils of Nakivale Primary School that performed a song with a message that condemned SGBV in the community. A total of 201 women and girls participated in activities at Kabazana women and girls' center in Nakivale. Activities included, knitting, basket weaving, bead making, mandazi baking, information and experience sharing, football, Netball, volleyball and dancing.
- Six Engaging Men in Accountable Practices (EMAP) men sessions were conducted in Nyakagando A, RuhokoA, Kabazana B, Kabazana A and Kashojwa A. The topics included gender roles in homes, making changes in the home and relationship, understanding gender and communication in an ideal community. The sessions were attended by 76 men.
- In Rwamwanja, WIU participated in the celebrations for the 16 Days of Activism against SGBV at Nteziryayo Primary School. This aimed at creating a safe environment for both the women and girls in the community so that their views count in the decision making of the community. At the function the community members were called upon to support girl child education and give equal treatment regardless of the gender differences. At the function there was signing of the commitment led by District Community Development Officer (DCDO) to end SGBV in the settlement.
- In Rwamwanja, five Focus Group Discussions (FGDs) were conducted by Save the Children in five Child Friendly Spaces (CFS) in Mahiga, Kyempango B, and Ntenungi Mahani B, Sangano CFS respectively. 274 (149F/125M) children and adults were equipped with knowledge on SGBV, how it is manifested in their communities, at home and in schools and the referral mechanism.
- **SASA! Implementation:** UNHCR in Adjumani supported LWF during the training of 59 (36M/23F) Community Activists (CAs) on SASA Action Phase. The CAs were engaged in experience sharing and demonstrations on the usage of Action phase communication materials. UNHCR supported Refugee Law Project (RLP) in training 43 (36M/7F) cultural and religious leaders comprising of both refugee and host community on SGBV prevention, response and referral pathways. The CAs demonstrated how communities consolidate and normalize the power to enjoy the full spectrum of human rights including the freedom experienced by

women and men to achieve their full potential. The training recommended for further settlement-based sessions to mentor CAs for community engagement on Action phase. Settlement-based sessions are planned to mentor them for community engagement during Action phase. Cultural and religious leaders were taken through the SGBV referral pathways and the core SGBV guiding principles as they are mostly the first point of contact for survivors.

Capacity Development

- In Kyaka, Uganda Human Rights Commission and the Rwenzori Regional Resident Senior State Attorney facilitated training for 20 police officers of which 11 were from the settlement. The issues discussed included the police code of conduct, Human Rights, SGBV case identification and management by police, the Referral systems, the survivor-centred approach, rights-based approach, and international legal instruments that guide on handling SGBV cases.
- In Nakivale, SASA methodology refresher training was conducted with participation of 151 (76F/75M) individuals from the Community Activists and Drama groups. Topics included roles and responsibilities involving community in using their power positively, and behaviour change. In Nakivale, Girl Shine! groups were conducted with discussions on comfortable and uncomfortable touches as well as sanitation and hygiene in which 52 adolescent girls participated.
- In Oruchinga, a refresher training was conducted on SASA for CAs after identifying their knowledge gaps following an assessment of their knowledge on SASA! 26 (13F/13M) CAs attended the training. The main objectives of the training was to effectively engage CAs in the fight against SGBV and to understand the Do's and Don'ts of drama performances.
- In Adjumani, UNHCR with support of LWF conducted a 3 days training for 26 (7M/19F) partner staff on the SASA Action phase. By the end of the training both LWF & partner staff demonstrated knowledge and skills to promote and inspire behaviour change among refugees and the host community. Staff practiced how they will roll out the training to the CAs who are at the forefront of interfacing with the community through their actions in timely support for SGBV survivors, psychosocial support services and follow-ups. With the guidance of the consultant, partner staff have jointly developed an action plan which includes immediate training for CAs, quarterly meeting by SASA team and monitoring activities.
- PSEA Training: UNHCR participated in a three-day PSEA training for partner PSEA Focal Points in Adjumani and Lamwo. The training was jointly organized and facilitated by UNHCR, UNWOMEN and IOM. Key action points included capacity building for partner staff

on PSEA, harmonization for all existing complaint mechanisms within the operations, mapping for community engagements regarding complaint management and engagement of key stakeholders including the Local and Central Governments.

SGBV Coordination and Meetings

- In Kyangwali, a Safety Audit dissemination workshop was conducted with 80 (47F/33M) participants. The main objective was to offer feedback on the findings and discuss how partners can incorporate their findings into 2020 planning, as well as key priority activities. The Safety Audit assessment enabled humanitarian actors to identify observable risks and assess specific vulnerabilities of displaced population living in settlements as well as to elaborate recommendations with mitigation actions to be taken to address these risks and vulnerabilities.
- In Kyangwali, a quarterly SGBV stakeholders meeting was held at Kasonga Youth Centre to improve SGBV advocacy and mainstream the needs of survivors and other women at risk. Key issues discussed include the need to increase IEC materials especially in primary school; refugee leaders should work with OPM and police to address alcohol abuse at night; partners should design a work plan to avoid overlapping activities; need for life skills trainings for adolescents to reduce the risks and effects of SGBV in the community; and, the need to translate the SGBV referral pathway further.

Gaps and Challenges

- Underreporting of SGBV cases is a key concern due to numerous factors including stigma, shame, family reaction and dissolution, perception of SGBV as a private matter, 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 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.
- In Yumbe/Bidibidi, early marriage is still a big challenge in the community especially in schools leading to dropouts of the girl-child.

Strategy

- Using integrated programming to mainstream SGBV prevention and response into all sectors, in particular; shelter, WASH and child protection.
- Application of evidence based best practices such as the SASA! Approach to reduce the risk of SGBV in the settlements.
- Refresher SGBV/GBV IMS training for the partner staff in the different locations 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.
- 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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