

5-YEAR INTERAGENCY GBV STRATEGY UGANDA 2021-2025



Humanitarian Assistance & Development Services



Acronyms and Abbreviations

AGD	Age, Gender and Diversity
BIA	Best interests assessment
BID	Best interests determination
GBV	Gender-based violence
GBVIMS	Gender-Based Violence Information Management System
LGBTI	Lesbian, gay, bisexual, transgender and intersex
MFT	Multi-functional team
PSEA	Protection from Sexual Exploitation and Abuse
SEA	Sexual exploitation and abuse
SOP	Standard operating procedures

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1. Background and Context

The Uganda Refugee Operation is responding to a protracted refugee situation resulting from conflicts within the region. Since 2016, Uganda has faced three parallel refugee emergencies from South Sudan, DRC and Burundi. As of December 2020, Uganda hosts about 1.5 m refugees. The refugee population comprises; 815,831 from South Sudan; 339,476 from Democratic Republic of Congo (DRC); 39,647 from Burundi; 29,170 from Somalia; and 32,605 from other countries. 82% of the total population is made up of women and children, out of whom 52 % are women and girls. The vast majority of refugees (95%) reside in refugee settlements spread across 12 refugee hosting districts. The Government of Uganda has the primary responsibility for the security and protection of refugees and asylum seekers and as such, United Nations High Commissioner for Refugees (UNHCR) collaborates with the Office of the Prime Minister (OPM), other UN agencies and INGOs to deliver Protection and Assistance to the refugees.

Gender-based violence (GBV) is widespread in Uganda among the refugee as well as the national population and calls for special attention. From 2018-2020, an average of 5,000 new incidents were reported annually. This is in addition to many other incidents in the community that have not been identified and responded to. The GBV situation has been further exacerbated by the COVID 19 pandemic which saw a significant increase in GBV incidents. While stakeholders agree that the statistics are not truly representative of the actual situation on ground, it gives a glimpse into the prevalence of GBV. According to the GBVIMS reports for the past three years, prevalent forms and types are intimate partner violence / domestic violence, physical violence, early/child marriage, economic violence, rape, defilement and other types of sexual violence and over ninety percent of GBV survivors are female.

In addition to responding to the GBV risks outlined in the situational analysis, the strategy will seek to also address **challenges** in addressing GBV in Uganda namely:

- a) **Socio-cultural attitudes and behaviours:** Assessments and experiences reveal deep rooted negative attitudes and behaviours in the communities of concern towards gender and power equality. Ethnic, gender and other social inequalities interlink and sustain existing gaps in the refugee response. GBV is perpetuated by inequality and social disempowerment- compounding structural gaps that hinder effective response.
- b) **Underreporting, widespread impunity:** Negative attitudes and behaviors contribute to a culture of silence and concealment, which in turn leads to either late or under-reporting.
- c) **Inadequate access to response system:** Due to the vast settlements and the location that is mostly far from where most services are located, there is a lack of sufficient access to and quality of response systems. This is compounded by lack of protection for survivors and witnesses, slow processes, under-resourcing and understaffing of the police.
- d) **Gaps in mainstreaming of GBV across sectors:** Despite the existence of an inter Sectoral Action Plan for mainstreaming GBV, its implementation by the sectors has faced significant challenges and gaps attributable to the lack of commitment by the most

sectors, lack of capacities, cross-sectoral coordination and advocacy for targeted interventions, integrated assessments, action plans and monitoring.

The strategy will leverage on existing **opportunities** in addressing GBV in Uganda including:

- The recognition of the challenges and a willingness to address GBV by all stakeholders including the Government of Uganda, UNHCR, UN Agencies, partner agencies as well as communities of concern.
- Progressive applicable legal and policy framework with regards to GBV and conducive to refugee self-reliance.
- The security, protection space and 'out of camp' conditions in Uganda.
- The ReHoPe overall strategic framework for self-reliance and resilience of refugee and host communities in Uganda and the objective to integrate social services into local government systems.
- The availability of existing systems, response and coordination structures.
- The development of different good practices (see below) and availability of capacities.

2. STRATEGY COMPONENTS

2.1 VISION & MISSION:

The vision of this interagency 5-year is "a GBV zero tolerance refugee community". The mission is: through the collaboration between all stakeholders and through engaging, enabling as well as empowering the communities in pro-active and systematic GBV prevention and response, a GBV-free environment will be created by 2025 and the Risk of GBV shall be reduced for all PoC, and all survivors will have adequate and timely access to quality services.

2.2 APPROACH:

The GBV strategy is based on a comprehensive and coordinated approach and is guided by the common principles of GBV programming. Those include the newly launched Global Policy for Preventing and Responding to GBV, a survivor-centered, multi-sectoral prevention and response Accountability to Affected Populations and falls within a rights-, results- and evidence-based as well as age, gender and diversity (AGD) policy. The strategy further builds on a multi-annual, interagency, collaborative and community-based protection approach. It recognizes that reaching meaningful impact in addressing GBV requires long-term programming. An ecological stakeholder approach is hence an essential foundation for GBV programming.

Additional underlying principles of GBV and multi-sectoral programming are accountability, continuity, sustainability, synergy and innovation, which are essential for creating lasting change, in working together towards a common vision, while using innovative approaches to reach our vision. In order to facilitate these principles, it is important to create a community of practice and to work with role models. In coordination with all stakeholders and counterparts, UNHCR along with OPM and partner organizations continues to play an important role to support stakeholders in GBV programming.

The main mechanisms in implementing the strategy will be through partnerships, coordination, improved management as well as capacity building. Responsibility and accountability for GBV programme development and implementation rest with all stakeholders as well as senior management levels.

2.3 METHODOLOGY – STRATEGY DEVELOPMENT:

A critical component of the strategy formulation process was a series of national interagency strategy development discussion in the GBV Working Group that involved all key stakeholders and took place in late 2020 and 2021. The multi-stakeholder process included the mapping of the context, data and trends as well as reviewing achievements, opportunities, challenges and capacities. Based on the review, vision and mission statements were created as well as key strategic objectives for the coming five years, strategic actions and suggested activities identified and systematically developed. The strategy development process was facilitated by the Senior Protection Officer (GBV). The Strategy is the end result of this collaborative work. The concerted process has further allowed for cross-learning and synergies between different functions, sectors and geographical areas as well as contributed to ownership of and commitment to the Strategy. Information and input from the communities of concern was gained through community dialogues, participatory assessments, programme evaluations as well as the interagency GBV assessment and respective knowledge transfer with the communities.

3. STRATEGIC OBJECTIVES

The Strategy outlines 4 strategic objectives. Grounded in the strategic objectives and actions, yearly action plans shall be developed with a five-year perspective to aim at progressive achievements. The action plans include information on selected objectives, impact indicators, respective activities, outputs, performance indicators and targets. The action plans will be used as monitoring and evaluation frameworks. Based on discussions in the GBV Working group with all key stakeholders as well as processes of community participation, four strategic objectives were determined to guide the 5-year GBV strategy namely:

3.1 Strategic objective no 1:

Through 2025, concrete actions and measures are put in place to prevent GBV from occurring by addressing its root causes, namely gender inequality, systemic discrimination and unequal power relations between women and men. The GBV sub-sector shall plan and implement appropriate community-centered programming that aims to transform the systems and social norms that perpetuate gender inequality and discrimination. Capacity building, awareness raising and shifting ownership and leadership from an agency-led approach to a community-led approach with a focus on community-based protection through evidence-based programming such as SASA! female empowerment and male engagement will continue. Programme design that contributes to dismantle, not reinforce, abusive and unequal power relations will be encouraged and supported

and continued advocacy will focus on supporting the inclusion of PoC in related national prevention programming, and through targeted interventions, as appropriate as way of integrating into government-led systems.

3.2 Strategic objective no 2:

GBV risk identification and specific interventions put in place in all phases of humanitarian programming as a way of mitigating against the occurrence of GBV. This will include actions that are taken in each humanitarian sector and area of work to reduce risks and exposure to GBV and improve safety as part of an agency-wide mainstreaming approach. Cross-sectoral coordination shall be essential to ensure a comprehensive approach. Risk mitigation measures also contribute to reducing the risk of SEA. programs must anticipate and identify GBV risks and take prompt action to mitigate them by integrating GBV risk mitigation interventions into all planning documents, work plans and strategies. The proactive and ongoing process of mainstreaming is a shared responsibility whereby all sectors will be involved in identification of risks and make proposals on priority actions to be taken at every step of program cycle to mitigate against the identified risks.

3.3 Strategic objective no 3:

A robust, quality, specialized and accessible response and case management system is in place and the referral pathways well understood by all refugees and service providers to offer immediate interventions aimed at addressing GBV survivor's immediate needs including physical safety, health concerns, psychosocial needs, and access to justice. The sector will ensure that quality case management and referral pathways are in place. Specialized services for pregnant women survivors, adolescent girl survivors, male survivors of sexual violence and child survivors shall be put in place as will special measures for persons with specific needs. All services and assistance are provided based on the survivor's choice and in line with GBV Guiding Principles, including the survivor-centred approach. For child survivors this should be guided by the best interests of the child. Women and girls must be consulted on the design and delivery of services and assistance to ensure that they can fully and safely benefit from these and other interventions. Processes and tools, that are developed in line with GBV Guiding Principles and safety standards, to consistently provide quality case management services to survivors of GBV. Case management for child survivors will be guided by the best interest of the child.

A key element of a quality case management system is the implementation of information management tools that facilitate the safe and ethical collection, storage, and sharing of survivor-reported data in a standardized and effective manner. Subsequent analysis of data on GBV incidents allows humanitarian actors to plan, implement, and adjust effective and timely prevention, risk mitigation and response measures. UNHCR shall facilitate the implementation of proGres v4 for partners or ensure they use a reliable system in line with the standards outlined

by the Gender-Based Violence Information Management System (GBVIMS). Data on SEA incidents shall be managed safely and appropriately, in accordance with the GBV Guiding Principles, UNHCR's Data Protection Policy, and for children in line with UNHCR Best Interests Procedure Guidelines. The GBV Sub-Sector will also put in place measures to identify GBV incidents and also design immediate interventions that address survivors' physical safety, health concerns, psychosocial needs, and access to justice, in line with the survivor-centred approach. All survivors of GBV, including survivors of SEA perpetrated by humanitarian workers will be assisted to access immediate lifesaving protection and GBV services. Survivors of SEA shall be treated equally as survivors of other forms of GBV.

3.4 Strategic objective no 4:

Partnerships and Coordination with host government, PoC, international and national NGOs, United Nations agencies and community-based organizations, the private sector, local and women-led or women-focused organizations, host communities and faith-based organizations, lead to better protection, assistance, and lasting solutions for PoC. Partnership and good coordination will be aimed at enhancing effective response, reducing duplication and ensuring standards are met. Under the Refugee Coordination Model, UNHCR co-leads GBV coordination together with UNFPA and efforts will be made to bring the Government on board. The subsector will ensure proper advocacy on GBV, specifically, flagging critical gaps and trends to humanitarian partners to support the sub-cluster to meet its responsibilities. As an operational member of the Protection Sector, the Coordinator and Co-Coordinator will work with the Protection Working Group, Inter-Sector Working Group, donors and other stakeholders, including PSEA Networks and Coordinators to mobilize the necessary resources and reinforce advocacy.

4. RECOMMENDED ACTIVITIES & EXPECTED RESULTS

According to the strategic objectives and actions, different recommended activities and expected results are outlined below:

4.1 Strategic objective no 1

- Capacity building, awareness raising and shifting ownership and leadership from an agency-led approach to a community-led approach with a focus on community-based protection
- Programming focus on long-term change and community ownership ensured
- Introduce, roll-out and ensure sustainable implementation of SASA! in all regions
- Representative community participation is ensured at all stages of the planning cycle and across all sectors
- Tailored capacity of all relevant stakeholder groups and across sectors improved through training (including on GBV, case management and multi-sectoral response, guiding principles, clinical management of rape, survivor-centered and age appropriate service

provision, interpretation, community-based protection, SASA!, managing community structures, mainstreaming etc.), coaching and dissemination of relevant materials (including IASC guidelines, strategy, documentation of good practices, tools etc.)

4.2 Strategic objective no 2

- Support, management and capacity building of community structures and facilitators
- Expand multi-sectoral, community-based protection projects (i.e. community watch groups, crime preventers, youth groups, community-led solar lights projects, music, dance and drama groups)
- Community centres and community safe spaces promoted and supported
- Strategic involvement of community leadership promoted and supported (i.e. religious and cultural leaders) with gradual integration into activities
- Quick impact projects with the community based on community solutions explored
- Recommendations for key activities and expected results cont.
- National Action Plan for Mainstreaming GBV implemented
- Protective legal framework promoted and respective gaps addressed through advocacy and lobbying with relevant institutions
- Applicable laws and policies, as part of IEC materials, translated into main local languages
- Recommendations for key activities and expected results
- **Applicable to all sectors**
 - Coordination and integrated programming with sectors improved
 - Representative participation (including of women) in all sectoral committees (i.e. WASH, food, CP) ensured
- **Applicable to national level coordination**
 - Review of humanitarian assistance standards to ensure gender- and protection-sensitive targeting and programming (i.e. review CRI distribution criteria and consider in addition to household size also household composition)
 - National-level coordination and advocacy improved
- **Applicable to education**
 - Girls education and gender parity promoted and school drop-outs prevented
 - Perceptions with regard to female education addressed
 - Targeted interventions for children out of school and with specific needs at risk of GBV implemented (including support for re-entry of young mothers)
 - Number of female teachers increased
 - Inclusive education (i.e., appropriate access for persons with specific needs including GBV survivors and young mothers) promoted
 - Safe school and learning environments ensured (including the way to school)

- Appropriate sanitation facilities in schools ensured (including for menstrual hygiene) (see also child protection under objective 5 and below)
- GBV incorporated in school curricula and teachers trained (including on code of conduct, referral pathways, guiding principles)
- Mandatory code of conduct implementation and enforcement of code of conduct ensured
- **Applicable to child protection**
 - Common programmes to address different overlapping GBV types designed, early/child marriage through prevention and response mechanisms
 - (See also child protection under objective 5)
- **Applicable to registration and complaint mechanisms**
 - Advocacy for individual registration is conducted
 - A formal, standardized and functioning complaint mechanisms exists in all locations
- **Applicable to WASH**
 - Separate and labelled communal and institutional latrines for men/women and boys and girls ensured
 - Lockable latrines ensured
 - Adequate menstrual sanitation facilities, especially in schools, ensured
 - Sufficient number of water points in safe areas available
 - Community representation in WASH planning processes ensured
- **Applicable to safe shelters and community environments**
 - Adequate and safe shelters and community environments ensured (including lockable shelters)
 - Adequate safe protection shelter and safe spaces ensured (including different options, SOPs, exit strategies, security provisions)
- **Applicable to livelihood**
 - Link key programmes to livelihood activities, including youth and women engagement in productive activities and referrals for GBV survivors
 - Women support groups established
 - CBI cash assistance for GBV survivors and WAR strengthened
- **Applicable to food security, NFI and CRI**
 - Representative inclusion of women in food security programming ensured
 - Adequate food, NFI and CRI distribution ensured, safeguards and training provided

4.3 Strategic objective no. 3

- Strengthening and improving individual case management systems, referral pathways and GBV multi-sectoral response (including security, justice, shelter, livelihood and durable solutions)
- Improve access to and quality of health, mental health services, psychosocial support, nutrition and sanitary materials
- Establish One stop centres across settlements to ease access to multi-sectoral services.
- Fully operational SOPs ensured
- Fully operational case management and care coordination systems ensured
- Access and quality of safe spaces and safe shelters ensured
- Access, quality and timely law enforcement, legal aid and justice ensured
- Functioning law enforcement, judicial system, legal aid and adequate responses (including monitoring of local traditional courts) ensured
- Access to appropriate services by persons with specific needs ensured
- Sustainable and community-based response mechanisms promoted
- Access to adequate education and livelihood opportunities ensured (including targeted and confidential referral of survivors)
- Access to durable solutions ensured
- Regular assessments on functioning, access and quality of multi-sectoral and survivor-centered response and referral mechanisms and necessary adjustments implemented
- Access to and availability of emergency care such as PEP, EC and STD prophylaxis ensured
- Appropriate survivor-centered and age-appropriate service provision (including ensuring respect, confidentiality and privacy) ensured
- Appropriate provision of mental health care and psychosocial support of survivors and significant others ensured
- Holistic approach to prevention and intervention of substance abuse ensured alcohol and substance abuse prevention and intervention programmes implemented with strong linkages to GBV
- Appropriate access to and provision of medico-legal exams and witnessing for court procedures ensured
- Nutrition support to survivors of GBV on recovery regimes (i.e. PEP) ensured
- Sufficient and appropriate provision of sanitary materials and menstrual hygiene education ensured
- Recording of GBV data in the GBV Module of ProGres V 4 or other acceptable case and data management as well as GBVIMS ensured
- Availability of adequate capacities and resources ensured

- Improve early identification of survivors of GBV through promotion of Community-based identification mechanisms.
- Identification of male survivors, children at risk and other marginalized groups improved
- Identification capacities strengthened and local focal point networks created

4.4 Strategic objective 4

- Stronger role played by key government entities including OPM, Ministry of Gender, JLOS and Ministry of Health.
- Collaboration with key GBV stakeholders at country and local levels strengthened.
- Regular GBV WG meetings at National and settlement levels.
- Wider inclusion of GBV partners into the RRP.
- Regular reporting of activities by RRP partners through activity info.
- Strengthened coordination with partners including those who do not have implementation arrangements with UNHCR through conclusion of ISPs and DSAs as well as MOUs.

5. ANNEXES

- i. GBV RRP Logframe for 2022-2025
- ii. Global GBV policy
- iii. Annual work plan templates.

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