

Key Figures

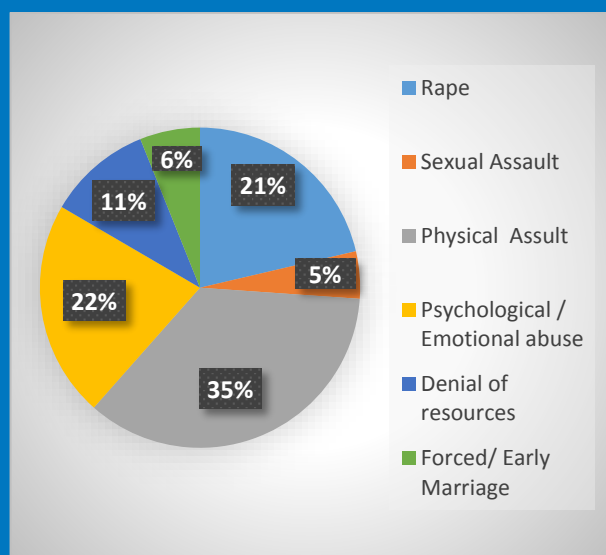
4822

Total incidents January to October

425

Total incidents in October

SGBV INCIDENTS JAN – OCT 2018



Interventions January-October, 2018

Type of Interventions	Number of Cases	Percentage
Psychosocial services	4822	100%
Legal assistance services	1602	33%
Health/Medical services	497	10%
Livelihood services	413	9%
Safety and security services	214	4%
Safe house /Shelter	116	2%

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

Developments

- In October, 425 (37M, 388F) incidents were reported from 13 refugee hosting districts. 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 drivers of SGBV were gender inequalities, conflict, power-imbalances, insufficient food at home and alcoholism. Within the urban, poverty and complexities often led to increased vulnerability to SEA.
- All Survivors received psychosocial support and were referred to health, legal, livelihood and security service providers based on need and consent.
- 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.
- SO Arua conducted Women's Participation and Leadership trainings for 145 women in Rhino Camp, Imvepi and Lobule Settlements aimed at tackling the cultural norms and practices that contribute to limited women's participation in decision making.



Training on Women Participation and Leadership in Imvepi Settlement, Arua

- A new operational partner, African Women and Youth Action for Development (AWYAD) funded by Lutheran World Relief (LWR) came on board in Kyaka to implement SGBV prevention/response through social mobilisation and will be implemented for one year.
- 137 SGBV Prevention/PSEA awareness sessions reaching out to 9,798(6,010F and 3,788 M) were held in Arua. In Nyakabande and Matanda TC as well as Kyaka II which is a receiving settlement. The sessions are aimed at empowering communities on SGBV, effects, referral pathways, response and preventive measures. The SASA! DRAMA group in Nakivale was key in offering support during the awareness.
- In Yumbe, Gender mainstreaming trainings were also conducted for farmer groups from zone 1-4 including the host community covering Human Rights, Protection of Women's rights, Children's rights, gender concepts, and group dynamics among others. 332 refugees and 837 Host community attended.
- Two Zero Tolerance Village Alliance pledge and award ceremonies were held in Buguta and Kaihora B Village where 962 members (423m, 539f) graduated and took oaths before the Magistrate grade 1 for Kamwenge District in the presence of representatives from OPM and other government officials as well as UNHCR, implementing and Operational Partners.
- In Kyangwali, the community was mobilized and participated in community policing and community meetings in Maratatu B and Maratatu D where 295(61M; 234F) POCs participated in promoting peaceful co-existence. In Kampala, UNHCR staff joined IAU in delivering a Community Outreach Program on SGBV/PSEA in Bunamaya, Makindye Division which was attended by 60 participants.
- 31 girls in Invempi and Omugo were reached through the Girl Shine Initiative, which addresses barriers to development and education of adolescent girls. This brings the number of those reached in the two locations, to 585 girls. The participants mapped out safe places like hospitals, churches, schools and women and girls centres where they could seek help and life skills.
- Engaging men and boys continues to be a key prevention and response approach with initiatives such as Engaging Men in Accountable Practices (EMAP), Role Model Man (RMM), and Male Action Groups (MAG) being used across the operation. In October, 10 role model boys were mobilized in Imvepi to share life changing stories as agents of social transformation. 08 EMAP sessions benefitting 266 PoC (159M, 107W) were also conducted. In addition 90 Male Action Group members from the 6 zones in Rhino Camp were also reached. The men were trained on journeys of transformation aimed at building positive behavioural and attitudes change. In Yumbe, the EMAP women's season for the last women group in zone 3 was successfully concluded, and also started sessions with 3 men's group. 4 EMAP groups also graduated while 3 new groups comprising of 25 men were enrolled for the 8 weeks sessions.
- In Yumbe, women and girls participated in activities at the women centres which included EASE Discussion Group Series, Functional Adult Literacy, life skills including baking, tailoring and crocheting, Psychosocial & group counselling and cultural events. Eleven chairpersons of each Women center received skills training like leadership, lobbying and conflict management to equip them to manage centre activities. Five IRC Staff were trained in VSLA and Business skills to improve their support for the management of the savings groups at the women centres. 6000 women at risks across the zones in Yumbe were identified and linked up for possible livelihood program opportunity with DCA. In Kyaka, 24 women at risk of SGBV were enrolled in crocheting classes while eleven Women and Girls Centers (WGCs) of Rhino Camp and Imvepi women continued to gather to support one another, learn life skills, and participate in community-building activities carried out by partners. 2,289 women also benefitted from activities in the safe spaces such as functional adult literacy class, tailoring, hair plaiting, knitting and baking. In Moyo, 3 safe spaces for women and girls have been completed in Zone 1 Belameling, Zone 2 Morobi and Zone 3 Dongo West and will provide protective environment where women and girls can meet to share and learn from each other and as they receive targeted support from

different partners.

- Key stakeholders involved in implementation of the SASA tool in Adjumani, were taken through the Awareness Phase Training of Trainers (ToT) in Gulu facilitated by Raising Voices (proprietor of the SASA methodology in Uganda). This followed the successful implementation of SASA phase 2 and the rapid assessment on the SASA phase 2. The stakeholders then developed an action plan for the implementation of Phase 3, which will commence in the first quarter of 2019. Three Business Action Groups (BAG) comprising of 54 refugees from Olijji, Mungula I and Ayilo II were also established and will support the implementation of SASA methodology in these locations. In Moyo, UNHCR together with LWF conducted SASA! Rapid assessment to conclude the implementation of Start Phase.
- A total of 866 (454 F, 412 M) members of RWCs, LCs, GBV Task Forces as well as other community groups were trained in Rhino Camp, Imvepi and Lobule Settlements. Topics included SGBV basic concepts, guiding principles and minimum standards, and PSEA. In Kiryandongo, a sensitization meeting mobilized by community volunteers on dangers of early marriage, SGBV causes, prevention and response was attended by 122 (38 m, 84 f). Two quarterly meetings with representatives of community structures and leaders on SGBV related issues were also held in Kiryandongo and attended by a total of 40 (8M: 32F) leaders and community structures involved in SGBV prevention and response (Activists, CDWs, YP, male action groups, GTF). Partners also held a meeting with 13 (06M, 07F) community leaders to get feedback on SGBV implementation in the community. The leaders noted that there was reduced presence of partners reaching out to them and this will have to be taken into consideration to improve outreach.
- Capacity building for service providers: A number of trainings were held in Imvepi and Omugo for 24 (13 F/11M) participants who included health workers, Police, RWCs members and school staff, in response to key recommendations that came from the Joint Technical Supervision on SGBV and Health carried out in June at various health centres. The topics covered include SGBV core concepts, case

management basic principles, survivor-based approach, existing referral pathways, and roles and responsibilities of the actors involved in SGBV prevention and response. In Yumbe, UNHCR, TPO and CARE conducted a 03 day case management training on Psychosocial support and SGBV case management for 25 case workers from different organisations that aimed at improving support to suicide survivors and SGBV case management procedures. ARC also conducted a 4 days training on clinical management of rape for 25 (14F, 11M) health workers from both government and NGO health facilities aimed at strengthening their capacity to appropriately respond to rape survivors. A joint technical support supervision on SGBV management targeting health facilities serving refugees and other persons of concern in Imvepi, Rhino and Lobule settlements as well as Kuluba collection centre was conducted and came up with key action points for protection partners.

- UNHCR also participated in a meeting of the “Arua District GBV Network”, a coordination platform promoted by the District Local Government with the technical and financial support of the national NGO “Reproductive Health Uganda”. The network, which includes twenty-five members belonging to the public and civil society sector, has finalized the first draft of a Local Action Plan (LAP) for 2019-2024 to strengthen the District response to SGBV issues in all the 28 sub-counties, including those hosting refugee settlements. In Kiryandongo, an interagency team lead met with Ematong primary school administration in Kiryandongo following concerns raised by female pupils that teachers were compelling girls to kneel before them as sign of respect, which they found to be not culturally acceptable amongst South Sudanese and a form of gender violence. It was agreed that the practice should stop forthwith.

Achievements

- Strengthening Coordination & Partnership with SGBV Stakeholders in Kampala: All relevant agencies in Kampala providing services to the SGBV survivors on health, security, psychosocial, legal and livelihoods shall be encouraged to join s SGBVWG whose first meeting is scheduled for 8 November 2018.

- Border monitoring was conducted at Saliam Sala and Busia unofficial entry points, as well as Kuluba and Busia collection centres by the Arua office. The presence and activities of SPLM-IOs along the borders of West Nile Region was confirmed by Ugandan Police and Congolese migration authorities. Those groups, together with the South Sudanese army (controlling the road from Yei to Kaya, as well as Morobo) are the main perpetrators of sexual assaults and rapes reported during flight by refugee women and girls. Related to this finding, a safe space for women and girls has been created at Kuluba collection centre in Aura, where information on hygiene, MHM, sexual health and reproductive rights, as well as SGBV is provided to new arrivals and is expected to help in early identification of survivors upon arrival, in order to timely refer them to the appropriate services needed.
- Validation Workshop on Interagency SGBV Assessment: UNHCR organized Workshop on 17 Oct 2018 to validate the findings of the Interagency Assessment carried out in refugee settlements from July to September 2018. The report is expected to be launched during the 16 days of activism against GBV.



Meeting to validate the findings of the Inter Agency SGBV Assessment findings

- PSEA: In Moyo, a PSEA training was held for 35 community structures (RWC, Women Reps, Religious Leaders, and Youth Reps). LWF also conducted PSEA training for 89 staff (33F, 56M) as part of action points agreed during the PSEA training conducted by UNHCR for all PSEA focal persons for all partners of Palorinya. In Arua, 25 trainings on PSEA targeting UNHCR staff members, partners, community workers and volunteers, interpreters and

other service providers, reaching in total 899 beneficiaries. In addition to this, as per the Arua Action Plan developed in May 2017, UNHCR organized and facilitated refresher COC and PSEA TOT trainings reaching 56 participants from Imvepi, Rhino and Lubule settlements including OPM and partners (IPs and Ops). Participants signed (or resigned) the Code of Conduct, discussed how to report cases of PSEA in their respective settlements, learned of their rights from sexual exploitation and abuse and the consequences of misconduct. SGBV mainstreaming project: The project aimed at promoting socio – economic development of survivors through support with micro- enterprise development and Income Generating Activities was launched in Kyangwali. FGDs were held with women groups in Nyamiganda and adolescent boys in Maratatu by UNHCR in partnership with LWF and AAH.



UNHCR staff conducting FGD in Nyamiganda, Kyangwali as part of the SGBV mainstreaming Project.

Needs

- Protection houses such as in Omugo and Lobule to provide temporary shelter and multi-sectoral services to survivors with physical protection needs who cannot rely on the family and community networks that supported them in the Country of Origin. In the alternative, Durable shelters for SGBV survivors in the proximity of Police Posts and/or OPM offices to complement existing Protection Houses and offer protection within the community.
- Additional Women and Girls Centers in Imvepi, Rhino Camp and Lobule (currently none exist in

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 the incidents they have suffered and be referred to appropriate services.

- Extensive coverage of solar street lights across all the settlements to minimize dark spots and reduce exposure of women and girls to SGBV.
- Improved access to alternative sources of energy that would limit the exposure of girls to SGBV during firewood fetching, but would also prevent the selling of FIs and NFIs in which households are incurring to, in order to buy wood.

Challenges

- Partners financial situations continues to significantly impact SGBV prevention and case management with a reduction in staff physical presence at the field, support to SGBV community structures, material support at the women centres and routine SGBV awareness activities leading to 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 process, logistical support to police for timely case management support and rejection of medical examination (PF3 filled) by non-governmental health facilities. The access of girls to secondary schools is hampered by a set circumstances including poverty, cultural norms that favor the education of boys over girls, lack of boarding sections for girls, as well as the absence of the infrastructure required to enable girls manage their menstrual hygiene while in class. The drop out of school of girls is one of the factors that contribute to child marriage and exposure to SGBV.
- There are issues of perpetrators being released back to the community without proper community sensitizations which jeopardizes the safety of survivors and reporting of SGBV cases.
- Socialization opportunities for youths in the refugee settlements are 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 assaults and rape/defilement. There is an urgent need of alternative recreation opportunities, where young generations can engage in a constructive and meaningful way.

- 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.
- Late reporting of incidences between 3 days to more than a month since the incident happened. For instance in SW, it was noted that Community members and leaders tend to negotiate cases and only reported after agreements are breached by the perpetrators. To illustrate the worrisome consequence of such late reporting, 13 incidents in the reporting period were reported after a period of one month and 04 of the survivors were already pregnant at the time of reporting.
- Poverty, Alcoholism and negative power use by men.
- Inadequate counselling space (outreach programme) for GBV and other critical protection cases has been noted particularly in the South West.
- Inadequate support for the police, Probation and Social Welfare Department during case follow-up.

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 the 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 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.
- 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 timely identified and provided with multi- sectorial support including medical, legal, security, and psychosocial support. Key approaches such as survivor centred approach, AGD sensitive approach, community-based protection approach and rights-based approach are used and also partners are encouraged to use these approaches for 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.
- In South West, refresher SGBV/GBV IMS training for the partner staff are planned for enhanced SGBV data management.
- 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 on the Issue

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)