



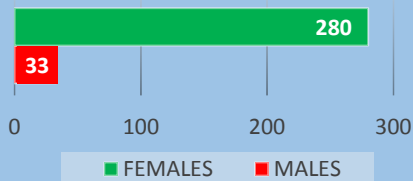
# UNHCR Monthly Protection Update Sexual and Gender Based Violence (SGBV) November 2018

## Key Figures

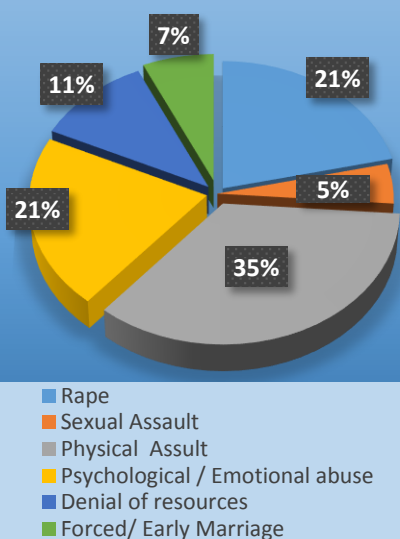
# 5159

Total incidents Jan-Nov

### Sex of Survivors



### SGBV incidents Jan-Nov



Interventions	Number	%
Safe House /Shelter	101	2%
Health/Medical Services	598	13%
Legal Assistance services	1841	39%
Psychosocial Services	4581	97%
Safety and Security Services	302	6%
Livelihood Services	370	8%



*Commemoration of the 16 Days of Activism in Bidibidi settlement*

### November developments

- 313 (280F, 33M) new incidents were reported from 13 refugee hosting districts, bringing the total incidents reported from the beginning of the year to 5159.
- Most incidents from the settlements are reported to have been perpetrated by intimate partners. This is attributed to issues of gender inequality and abuse of power at the family and community spheres, alcoholism, poverty, scarcity of food and conflict in country of origin.
- In Kampala, incidents of rape were the most reported. The major contributing factors of the violence are survival complexities in urban settings. Homes, water points, on the way from school or work at night (dark corners in slums and streets) are common places where SGBV occurs. Most survivors remain silent or report late due to fear of reprimand and/or mistrust on getting supported if reported. Most perpetrators were unknown to survivors.
- UNHCR and partners continue to enhance SGBV awareness campaigns to address issues of under/late reporting of incidents among refugees and host community.

### The 16 days of activism

- The campaign was launched with the theme, “Ending GBV in the World of Work” which covered all spheres of work and the traditional concepts of work. Refugees, host communities, UNHCR, partner staff, OPM and Government counterparts attended the events. The messages relayed by all actors included: the need to enhance already existing programs to combat SGBV in the work-place, making it safe for refugee women and girls to earn a living in formal and informal employment within settlements, district and nationally. The need to join hands to prevent SGBV was a key advocacy message, as was the need to strengthen economic opportunities for women and men in order to create access to productive work opportunities and reduce economic violence.
- Various activities such as debates, sports galas, community dialogues and sensitization were conducted. In Kiryandongo, a joint dialogue was held focussing on engagement of males in the safety of women and girls. Key issues raised were; Lack of cooperation among spouses that results in SGBV (especially domestic violence and denial of resources) and unexplained release of suspects of rape and sexual violence by police. A football competition and quiz competition for boys and girls at Kiryandongo H/S was held as part of the commemoration. One FGD was conducted with 50 individuals (30 refugees and 20 nationals) at Nyakabande TC focusing on the theme. Officials from Ministry of Gender were invited to lead the discussion and sensitize the people on SGBV, its dangers and reporting mechanisms.

## Missions/Meetings

- NORCAP delegation and Norwegian Press (NRK) conducted a mission to Kyangwali Refugee Settlement on Nov 20, 2018. NRK documented 04 SGBV survivor's experiences at their Country of Origin (in DRC) to establish the relations to the use of sexual violence in conflict situations. The mission documented multi-sectoral services provided to SGBV survivors by UNHCR, OPM and other NGO partners in the refugee settlement as well as NORCAP experts' contributions for UNHCR's refugee response operation to Congolese refugees.
- UNHCR Arua attended a meeting organized in the framework of the Korea International Cooperation Agency (KOICA) mission to West Nile, led by UNDP. The mission aimed at enabling the Korean delegation assess local demand and existing gaps in livelihood opportunities for women at risk (including SGBV survivors) and how livelihood can be a mechanism to empower refugee women.

## SGBV awareness sessions

- In Palabek, sessions reached a total of 864 (440F, 424M) and focussed on assessing trends of SGBV incidents in hot spots and provided the community an opportunity to discuss various forms of SGBV, causes, impact and how to address power issues, so as to support communities in creating healthier and peaceful relationships in homes and communities.
- In Rhino, Lobule and Imvepi 74 sessions reached 5084 (1591M, 3493F).
- In Matanda TC, shelter visits to POCs were conducted to sensitize on SGBV and encourage reporting of cases affecting them. In Nyakabande TC, 03 FGDs on SGBV were conducted among 50 women. Additionally, 04 awareness campaigns on SGBV with emphasis on the referral pathway were conducted at Kabazana reception centre, Nyakagando, Kajurungusi and Ngarama C and attended by 391(216M &175F). These sessions aimed at improving the quality of response, timely reporting to reduce SGBV occurrences and negative impact of the same.

## Strategies and initiatives to prevent SGBV

- In Oruchinga, the Zero Tolerance Village Alliance model, an intensive community-mobilization intervention, reached elders and persons with disabilities on their involvement in efforts to

eliminate violence in the community.

- In Nakivale, two drama groups were supported to conduct SASA awareness with the aim of demonstrating how violence increases risks of HIV infection and reached 194 (95M, 99F) refugees.
- Engaging men and boys in key initiatives like Engaging Men in Accountable Practices (EMAP), Role Model Men and Boys (RMM), and Male Action Groups (MAG) being employed. In Arua 3 EMAP sessions were attended by 76 men. Participants reflected on their daily lives and challenges as Role Model Men and Boys, the kind of roles men and women play, and think about the past norms in relation to the changing world.
- The Girl Shine initiative also conducted 11 sessions reaching 228 girls.
- In Bidibidi, using the SASA methodology to influence community change, SGBV prevention training for 5 Boda-boda groups under Safe Ride project were conducted. The training aimed at enhancing the capacities of Boda-boda groups to engage their clients with SGBV prevention messaging and support reporting of SGBV cases in their service points.

## Community Dialogues

- In Rwamwanja, LWF with support from UNHCR conducted one community dialogue with village Chairpersons, group leaders, church leaders and survivors of SGBV with the objective of understanding causes, effects, and the way forward for GBV prevention in the community. A total of 29 members attended (14F, 15M).
- A radio talk show on SGBV Prevention and Response was also held in conjunction with the Isingiro Community District Health Officer and District Community Development Officer who also participated in a community dialogue where SGBV causes, consequences and community's role and responsibilities in SGBV prevention and response were discussed reaching 91(61F, 30M).

## Achievements

- **SGBV Mainstreaming:** UNHCR Uganda held a 5 day national workshop on SGBV Prevention, Risk Mitigation and Response Mainstreaming in Hoima District from the 12-16th November, 2018. The national workshop is key to working towards effective SGBV mainstreaming and systematic

integration of SGBV prevention, risk mitigation and response in our work at national level across all sectors. It is also intended to complement and boost UNHCR's contribution to Inter-Agency mainstreaming processes. An important outcome from the workshop will be a National Action Plan for SGBV Mainstreaming, which will also define a monitoring and reporting structure, as well as roles and responsibilities for the various stakeholders.

- A **safety audit dissemination workshop** was held in Omugo which inter alia, revealed a high percentage (79%) of refugees as being aware of SEA which points to the fact that settlement-wide SEA sensitization campaigns initiated by SO Arua is reaching the community.
- **ProGres V4:** Two SGBV protection staff attended Training of Trainer (TOT) offered by a staff on mission from HQ on the SGBV Module of proGres V4 which is planned to be rolled out in the upcoming months. The training, a key part of the SGBV ProGres V4 Module roll out in Uganda, will enable them to train other UNHCR and partner staff on effectively using the SGBV V4 module. So far, the TOTs have trained a further 8 partner staff, including 06 from IAU and 02 from other organizations in the urban refugee program on the same and will continue in the new year with training the field based partner staff.
- **Capacity building:**
  - A one day training on SGBV Prevention was conducted in Kampala for 13 participants drawn from partners engaged in the urban refugee program, to highlight the root causes of SGBV and the factors that contribute to its occurrence and link these to SGBV prevention.
  - In Invempi and Omugo, SGBV training was carried out for health care providers, as part of the response to key recommendations of the Joint Technical Supervision on SGBV and Health carried in June. The training reached 24 (13F/11M) participants including 9 health workers, 3 Police staff, 9 RWCs members and 3 school staff. Another training on SGBV minimum standards, strategies, and GBVIMS training was organised for 32 SGBV service providers (25 female and 7 males).
  - In BidiBidi, a 03 day case management training for case workers aimed improving skills in case management was held for SGBV service providers was attended by 28( 12F,16M) partner staff from UNHCR, OPM, and partner agencies. Further, a training on SGBV referral was conducted for

leaders of persons with disability on GBV core concepts and identification and the referral system and attended by 25 (10F, 15M) participants with disability (PWD). Key issue identified were the challenges faced by hearing impaired refugees in communicating with actors in the referral pathway at service points thus deterring reporting and access to services. Noted was also the minimum engagement and participation of PWD in SGBV prevention activities due to methods to deliver the sessions. These findings will be factored in planning interventions that target the PWD.

- In Kyangwali 35 (15M: 20F) newly recruited case workers were trained in SGBV concepts, case management guiding principles, referral and follow up.
- In Kiryandongo, Andre Foods International (AFI) conducted a Gender and Protection mainstreaming training to 18 staff from various agencies, aimed at developing action plan for gender and protection in general food assistance program.
- **Prevention of Sexual Exploitation and Abuse (PSEA):**
  - SGBV actors in Kampala were informed of measures to mitigate Sexual Exploitation and Abuse (SEA) through complaint mechanisms. Brochures on Reporting SEA which included the toll-free helpline number (0800323232) and email ([helpline.uganda@unhcr.org](mailto:helpline.uganda@unhcr.org)/[inspector@unhcr.org](mailto:inspector@unhcr.org)) for reporting were handed out. It is anticipated that partners shall disseminate this information and help in actions to combat SEA.
  - The easy-to-use guide developed by the UNHCR's Ethics office and GLC to enable partners to access the online PSEA course (external version) was shared widely with partners working in the Uganda operation. The course is available on Disaster-Ready platform and partners were encouraged to subscribe to the learning platform.
  - In Arua, 39 trainings have so far been conducted on PSEA targeting UNHCR staff members, partners, community workers and volunteers, interpreters and other service providers, reaching 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).
  - As of November, 2018, CARE, World Vision, Oxfam, MTI, HI, DRC, CTEN, HADS and IRC trained their staff, volunteers, and contractors on PSEA. Participants signed (or re-signed) 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.

- In Kyangwali UNHCR organized separate refresher sessions for Partner staff of LWF, AAH, WIU and Bus/Truck drivers of AIRD to build their capacity and how to uphold the principles.
- To enhance coordination with key partners engaged in providing SGBV services in Kampala, UNHCR held the first **Kampala Level SGBV Working Group (SGBVWG) meeting** on 08 November 2018 attended by a number of SGBV partners in the Kampala operation. The Working Group shall complement the existing National SGBV Working Group to discuss issues specific to urban refugees.
- A partner's feedback session was organised in Yumbe following the recently conducted joint SGBV monitoring visit to 10 health facilities in Bidibidi. The one day session was attended by 22 participants from different protection and health organisations including RMF, IRC, ARC, WV, RLP, CARE and UNFPA. It was aimed at discussing findings and recommendations from the monitoring report to aid integrated planning for 2019 SGBV mainstreaming into health sector.
- A women's space was completed and handed over to the community of Kabazana together with OPM and UNHCR. The space is aimed at ensuring that women can freely express themselves and be able to acquire life skills in order to become self-reliant and hence reduce the risk of SGBV.
- The Safe from the Start project in Kyangwali conducted 4 days training of VSLA for 320 women in 16 selected women's groups. Topics included understanding VSLA, Group formation and general assembly, record keeping and conflict resolution skills. The training equips women's groups with the decisive and financial capacity to access local financial services and increase their confidence in buying and selling re-useable sanitary pads.

### Needs

- 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

- Under reporting of SGBV cases creates challenges in providing assistance to the survivors.
- Inefficient case management. For example, in the urban, there is no proper interviewing room at InterAid which could be used for effective and confidential case management. It is hoped that case management challenges will be resolved with the roll out of the SGBV module of ProGres V4.
- Increasing mental disorders amongst women and men, and excessive alcohol abuse amongst men compounded by inadequate mental health interventions.
- Limited access to basic necessities 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 leads 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. Efforts are being made to engage the district health officer, police and court to harmonise medical examination practice in Yumbe. Community sensitization on access to justice continues to be strengthened.
- Girls have limited access to secondary school education. This is propagated by various factors that increase the dropout rate of school girls which 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, where women and girls get intoxicated with alcohol and end up experiencing sexual abuse. There is an urgent need for alternative recreation opportunities that enable youth engage in constructive and meaningful ways.

- The reduced access to vocational trainings and livelihood opportunities increases vulnerability of women and girls to sexual exploitation and abuse.
- In some operations, Communities negotiate cases and only report after agreements are breached by perpetrators. To illustrate the worrisome consequence of late reporting, 13 incidents in the reporting period were reported after one month with 04 of the survivors already pregnant.
- 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.
- 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 a 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.

### Strategy

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 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.
- 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.
- 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 substance.

#### **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)