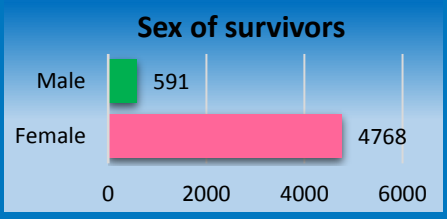
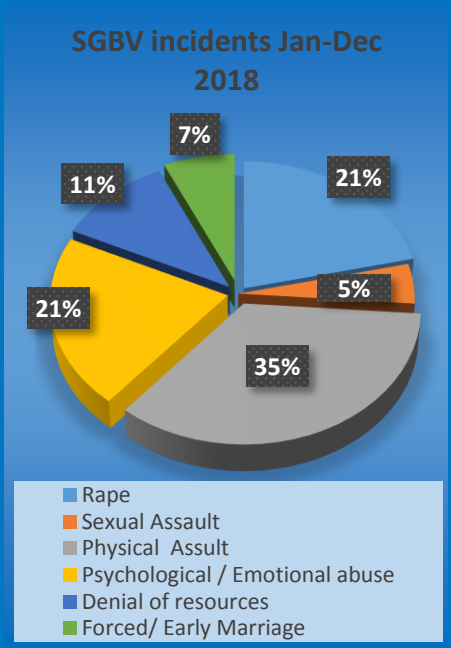
# UNHCR Monthly Protection Update
# Sexual and Gender Based Violence (SGBV)
# December 2018

## Key Figures

**5359**

**Total incidents Jan-Nov**




| Interventions | Number | % |
|---|---|---|
| Safe House /Shelter | 136 | 3% |
| Health/Medical Services | 631 | 12% |
| Legal Assistance services | 1993 | 37% |
| Psychosocial Services | 5359 | 100% |
| Safety and Security Services | 319 | 6% |
| Livelihood Services | 486 | 9% |

*Women groups making re-useable sanitary pads in Kyangwali*

## December developments

- There has been an increase in reported incidents from **5001** in 2017 to **5359** in 2018. This is attributed numerous factors such as enhanced efforts in prevention and response by SGBV actors that has enabled survivors and communities speak up on violence.
- The four most prevalent incidents reported at the end of 2018 were Physical assault **(1876)**, Rape **(1152)**, emotional abuse **(1127)** and denial of resources **(599)**. Forced/early marriage **(351)** and sexual assault **(254)** remain the least reported incidents. Majority of the incidents were reported to have been perpetuated by intimate partners. Key contributing factors that triggered the violence were alcoholism, inadequate food, idleness and change in gender roles, limited livelihood opportunities, negative cultural norms and gender discrimination.
- In Kampala and Kisoro districts, incidents of sexual violence (rape and sexual assault) were the highest reported. This is because of survival complexities in the urban and conflict respectively. All incidents managed from Kisoro were reported to have been perpetuated from Democratic Republic of Congo before and during flight. In Kampala the violence was reported to have occurred from the country of origin and asylum.
- Male survivors mainly reported incidents of emotional abuse and denial of resources that arose after distribution of items such as food, Non-food items (NFI's) and cash which triggered conflict at house hold level. UNHCR and partners will continue conducting gender awareness campaigns before and after distribution.

## PSEA awareness sessions

- In Arua, as of December 2018 UNHCR and partners facilitated 39 trainings on PSEA targeting UNHCR staff, partners, community workers, volunteers, interpreters and other service providers, reaching a total of 899 beneficiaries. Participants signed (or re-signed) the Code of Conduct, discussed how to report PSEA cases, learned of their rights against sexual exploitation and abuse, and consequences of misconduct.
- In Yumbe, as a follow up action from the sub-working group, ARC organised training on Protection from Sexual Exploitation and Sexual Abuse for all its staff including incentive workers on 4th December, 2018. The training reached 96 participants and aimed at equipping staff with Knowledge and skills to prevent and respond to SEA. In Kyangwali, HIJRA, CARE and LWF continued to conduct community outreach sessions through awareness on SGBV and PSEA in all the villages to educate the community on strategies in case management, outreach/awareness through the referral pathway and the reporting lines with the available legal frame work.

## Community mobilization and outreach

- UNHCR Yumbe continued with routine SGBV prevention activities during the month. The activities include community sensitizations, EMAP sessions with role model men, SASA Activism, Girl Shine sessions, community structure mentorship sessions, dialogues, awareness and engagement of groups and women at women centres reaching out to more than 2,150 community members from both host and refugee communities.
- In Kyangwali, community outreach sessions through awareness on SGBV and PSEA continued in all the villages to educate the community on strategies in case management, outreach through the referral pathway and reporting lines within the available legal frame work.
- In Kiryandongo, a dialogue on alcoholism was conducted and attended by 20 people (19F/1M). Key issues raised during the dialogue were; women and men abandoning children in favor of drinking and older people pursuing younger, sometimes underage people for romantic relations.

## Capacity Building of Community Leaders

- In Arua, UNHCR and partners continued their efforts to strengthen community capacities in, and ownership of, SGBV protection and response mechanisms. As of December, 866 (454F/412M) members of RWCs, LCs, GBV Task Forces, Community Preventers, Youth Groups, GBV Clubs, Community Watch Groups, religious and opinion leaders, volunteer staff of Protection Desks as well as Women and Girls Centers were trained in all settlements. The topics covered during these sessions include basic SGBV concepts, guiding principles and minimum standards, referral pathways, psychological first aid and psycho-social counselling, PSEA, sexual and reproductive health, MHM among others. In addition, 16 groups of SASA! Community activists (117M/97F) have been trained and assisted in rolling out the starting phase of this methodology in all Arua settlements.
- A two days case management training was conducted for partner staff at UNHCR field office-Kyangwali in preparation for any probable emergency in Kyangwali. The training areas covered were: steps followed in case management, principles of protection and the case management plan for emergency.

## Achievements

- The Safe From the start SGBV mainstreaming project being implemented in Kyangwali is using Menstrual Hygiene Management (MHM) awareness sessions to sensitize the community on SGBV prevention. Three outreach sessions on SGBV risk-mitigation and menstrual hygiene management reached out to 656 (513F/143M) participants. From the participants' views, menstruation poses significant challenges in women and girls access to health, education and future prospects if they are not equipped for effective MHM.
- An MHM field monitoring visit was conducted by UNHCR, OPM, and LWF to monitor the level of performance and find out the technical gaps. Key areas noted during the visit included supporting adolescent girls on managing menstrual hygiene, creating safe and hygienic environment in schools to put an end to cycles of dropout, low attendance, low age of marriage and low status of women. Sixteen women groups were supported with sewing machines and raw materials and supplies for making reusable pads and also enhancing their livelihood opportunities.

*Newly assembled sewing machines procured for MHM activities.*

- UNHCR and partners in Arua adopted Standard Operating Procedures (SOPs) for the management of the Protection Houses of Arua and Koboko Districts, including the newly launched Protection House of Imvepi, built with CARE funds and inaugurated on 20th December 2018. The inter-agency SOPs constitute an essential instrument to operationalize the existing Houses and any others that might come up, ensuring that each of the partners in charge of managing these facilities will adopt a uniform approach in the provision of the highest standard of protection delivery. The SOP is particular on having protection houses as a last resort after all community-based mechanisms have been explored.

- ARC and IRC in Yumbe conducted SGBV safety audits aimed at collecting information to identify key safety and protection risks for women and girls within the settlement. Different methodologies were used including individual interviews, focus group discussions and observations among others. A detailed report will be shared in January to guide planning for 2019.
- In 2018, IRC launched their Girl Shine initiative in West Nile. The intervention addresses barriers to development and education of girls aged 10-19 such as violence, isolation, early marriage and other harmful traditional practices. 325 girls, spread in 13 groups of Imvepi and Omugo settlements benefitted from the Girls Shine curriculum, whose core elements include girls-only safe spaces and support groups, a mentor-led life skills program and parent and caregiver support group. Beneficiaries of this intervention reported improvement in their social and emotional skills, health & hygiene, safety and solidarity within their family and their community.

## Needs

- Protection houses such as in Omugo and Lobule to provide temporary shelter and multi-sectoral services to survivors with physical protection needs that cannot rely on 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.
- Additional Women and Girls Centers in Imvepi, Rhino Camp and Lobule (currently none exists 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 settlements to minimize dark spots and reduce exposure of women and girls to SGBV.
- Improved access to alternative sources of energy that would limit exposure of girls to SGBV when collecting firewood as well as preventing the sale of FIs and NFIs to buy wood.
- Adequate lighting in dark and vulnerable spots at night such as markets, firewood collection points, and public latrines among others.
- Most Health Centers lack spaces that can guarantee privacy at the moment of registration for services and during consultation. There is a systematic shortage of medication (ECP, antibiotics) required for post-exposure prophylaxis and a lack of follow-up on cases where PEP was taken.
- Police focal persons need to be further trained on case management procedures and guidelines as well as legal response to GBV to enhance survivor-centred approaches.

## Challenges

- Partners' financial situations continue to significantly impact SGBV prevention and case management with a reduction in staff physical presence in the field, support to SGBV community structures, material support at 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. The financial situation is also associated with low ratios of case-workers in comparison to the number of cases identified and the vast settlements size. This, coupled with poor network in the settlements and lack of transport, contribute to difficulties in effective case management.
- 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 examinations (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 to 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 other forms of SGBV.
- 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.
- Poverty, Alcoholism and negative power use by men.

- Inadequate support for the Police, Probation and Social Welfare Department during case follow-up
- Due to cultural gendered dynamics, it can be difficult to encourage active participation of women in trainings or capacity building activities. Many women find their role to be more of a passive one in the community and therefor do not engage in as an empowered manner as the men.
- There continues to be delays in the referral pathway with partners not efficiently coordinating. Health and caseworker partners have said they do not often interact leading to a lack of follow up and potential lack of capacity building on issues surrounding SGBV. This can also lead to late reporting which is especially dangerous in cases where ECP, PEP, or medical examinations and evidence gathering is needed.

## 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 centered 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 partner staff in different locations of Rwamwanja, Ntororo and Kyaka II settlements are planned for enhanced SGBV data management.
- Awareness raising 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)

**Contact:** Mildred Ouma, oumam@unhcr.org