



**INTERAGENCY ASSESSMENT OF MEASURES,
SERVICES AND SAFEGUARDS FOR THE
PROTECTION OF WOMEN AND CHILDREN
AGAINST SEXUAL AND GENDER BASED
VIOLENCE AMONG REFUGEES IN UGANDA**



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DISCLAIMER

This interagency assessment report was produced for the Uganda UN Country Team by Agency for Capacity Building (ACB) in a consulting capacity, with funding from UNHCR. The contents of this report are the responsibility of the authors and not UNHCR and Partners.

LIST OF ABBREVIATIONS

ACB	Agency for Capacity Building
ACORD	Agency for Cooperation in Research and Development
ACTV	African Centre for Treatment and Rehabilitation of Torture Victims
AFS	Adolescent Friendly Services
AHA	African Humanitarian Action
ARC	American Refugee Committee
AVSI	Association of Volunteers in International Service
CAFOMI	Care and Assistance for Forced Migrants
CARE	Cooperative for Assistance and Relief Everywhere
CBR	Community Based Services
CBS	Community Based Services
CFPU	Child and Family Protection Unit
CFS	Child Friendly Services
CPC	Child Protection Committee
CRI	Core Relief Items
CSO	Civil Society Organization
DCDO	District Community Development Office(r)
DRC	Danish Refugee Council
DV	Domestic Violence
ECCD	Early Childhood Comprehensive Development
ECD	Early Childhood Development
ECP	Emergency Contraceptive Pills
EMAP	Engaging Men in Accountable Practices

EVI	Extremely Vulnerable Individuals
FAL	Functional Adult Literacy
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
HIJRA	Humanitarian Initiative Just Relief Aid
HIV	Human Immunodeficiency Virus
HT	Human Trafficking
IASC	Inter-Agency Standing Committee
IDI	In-Depth Interview
IEC	Information Education and Communication
IGA	Income Generating Activity
IMS	Information Management System
IOM	International Organization for Migration
JLOS	Justice Law and Order Sector
KCCA	Kampala Capital City Authority
KII	Key informant interview
KRC	Kabarole Research Centre
LCs	Local Councils
LWF	Lutheran World Federation
MAP	Men as Partners
MoLG	Ministry of Local Government
NFI	Non-food item
NGO/CBO	Non-Governmental Organization /Community Based Organization
NRC	Norwegian Refugee Council

OPM	Office of the Prime Minister, Uganda
PEP	Post Exposure Prophylaxis
POC	Person of Concern
PSEA	Protection against sexual exploitation and abuse
PSN	Person with Special Needs
PSS	Psycho Social Support
PTSDS	Post Traumatic Stress Disorder Syndrome
ReHoPE	Refugee and Host Population Empowerment Program
RLP	Refugee Law Project
RWC	Refugee Welfare Council
SASA!	Start Awareness Sustain Action
SEA	Sexual exploitation and abuse
SGBV	Sexual and Gender-based Violence
SS	South Sudan
SSFC	Safe Spaces for Children
SW	Sex Work
The DRC	Democratic Republic Congo.
TPO	Transcultural Psychosocial Organization
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
ULS	Uganda Law Society
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees

UNICEF	United Nations Children Fund
VAC	Violence against Children
VaM	Violence against Men
VAW-G	Violence against Women and Girls
VSLA	Village savings and loan associations
VUCA	Volatile Unpredictable Complex and Ambiguous
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

STATEMENT FROM OPM



Gerald Simon Menhya - Commissioner for refugees

Sexual and Gender Based Violence (SGBV) continues to permeate our societies, in spite of all the efforts that government of Uganda and partners have put in fighting this abuse towards the most vulnerable in our society. This Interagency assessment of measures, services and safeguards for the protection of women against sexual and gender based violence among refugees in Uganda is yet another demonstration that the government is committed to not only protecting its citizens but also all the people in Uganda- especially the refugees for whom we continue to keep our doors wide open.

Social norms on which violence against women and children is anchored run deep and cannot be magically exorcised by even the best laws and policies. It will take continuous effort of all stakeholders- NGOs, UN agencies, local partners and communities to get rid of the scourge. It will take continuous assessment and reassessment of our approaches, celebrating progress and finding answers to the difficult questions when interventions do not give us the results we expect.

The Uganda government has reiterated its commitment to the comprehensive refugee response. Our commitment goes beyond signing agreements to making sure we implement them even when resources are stretched and the refugee influx is growing and unpredictable. In pursuit of a comprehensive refugee framework- giving refugees an education, finding solutions to long term peace in the region, ensuring livelihood and survival- it is easy to forget the specific needs of women, children and other vulnerable people in our society.

Harmful culture and traditions mean that women suffer in silence. Without continuous self-assessment and overtly seeking out the views of women and children who are in most cases voiceless, we risk ending up with a refugee response that leaves out the most vulnerable. This report and its recommendations reminds us not to tire of putting in place the right laws and

policies to protect women and children from violence. It is a reminder that violence against women and children is not normal or benign. It cripples them psychologically and keeps them in poverty, sometimes over generations.

This report reminds us that violence against women who hold up our communities and children who are the future leaders is really violence against ourselves as a country. Violence against refugee women and children means we are disempowering them and missing out on the contribution they would make to our economy if they were not being shackled by violence. If we do not consistently and committedly address gender based violence in all its forms, we miss an opportunity to empower refugees for a better life during and after their forced displacement.

Refugees on whom this assessment was carried out should be at the center of our response. As government and the Office of the Prime Minister, we are looking forward to implementing the recommendations of the report to ensure that our services and interventions address the current and dynamic needs of refugees in Uganda.

We cannot do this without our partners and UN agencies who have stalwartly supported us in this moral and legal duty of welcoming those who face forced immigration, and for whose support we are grateful. We cannot do it without the refugees themselves, in and outside of settlements. Neither can we do it without the support of generous Ugandans who continue to open their hearts, their homes and their country to refugees. We look forward to strengthening our interventions and linkages even more for better SGBV policies and impactful implementation. For God and my country.

FOREWORD



Joel Boutroue - UNHCR Representative in Uganda

For over 900,000 refugee women, men and children now living in Uganda, the Interagency Assessment on Measures, Services and Safeguards for the Protection of Women and Children against Sexual and Gender Based Violence among refugees in Uganda could not have come soon enough. For most, regardless of their previous status in society, becoming a refugee marks the onset of a harsh reality of extreme vulnerability.

The scourge of sexual and gender-based violence represents a big nail in a coffin that is chequered by trauma of destroyed homes, farms and villages, indiscriminate killing, rape, abduction and separation from family and the familiar, and impoverishment. Not to mention the sense of alienation and despondency that accompanies the condition of being a refugee.

The number of refugees in Uganda reached an unprecedented 1.15 million over the past five years, making it the largest refugee hosting nation in Africa. Uganda continues its unwavering long-standing tradition of hospitality and asylum, keeping its borders open and maintaining one of the most progressive refugee protection and management policies in the world.

Unfortunately for the affected populations, grateful for a place of sanctuary from the terrors of conflict and violence, progressive refugee policies alone are not a panacea. More than any other country, Uganda's policies create an enabling environment for large numbers of refugees to survive and thrive.

However, Uganda cannot and should not be expected to do it alone. I shall not tire of saying that the weight of responsibility that the unprecedented influx represents for a developing country grappling with pressing needs of its own citizens cannot be overstated. Asylum is supposed to serve the dual purpose of providing a predictable and structured framework for the international protection to persons whose safety is at considerable risk, while ensuring that appropriate and lasting solutions can be implemented.

One of the areas where international failure is most evident concerns sexual and gender-based violence (SGBV). In this regard, the Interagency Assessment marks an important turning point when it comes to collective action to address the challenge. Forced displacement breaks down social structures and adversely changes family dynamics. Men who traditionally support their families become unemployed and idle. Women and girls are frequently thrust into the role of

family head, without the traditional support provided by male family members. Those who were raped at home, in flight or in exile carry the physical and psychological burden in silent shame. Despair and extreme poverty give rise to negative coping mechanisms like alcoholism, child neglect, transactional and survival sex, domestic violence, marrying off daughters for dowry. And the younger generation—the children, adolescents and youth—themselves survivors of untold trauma, become socialized into these ‘norms’.

The findings and recommendations of this Interagency Assessment should serve as a wake-up call. The symptoms and root causes of the underlying problems, as well as solutions, have been identified by the refugees themselves. Still, we certainly cannot rest until a significant impact has been made on improving the socio-economic status of refugees and communities that host them. In this regard, education and improved livelihood are prerequisites for mitigating the causes and consequences of sexual and gender-based violence, and for paving the way for meaningful prevention and response.

Our goal must continue to be to genuinely empower communities to champion the cause of combating SGBV in order to preserve their rights and dignity .

EXECUTIVE SUMMARY

Even though Sexual and gender-based violence (SGBV) is a reality among refugees, it is concealed by a culture of silence and trivialization of violence against women and children. In the face of trauma of surviving conflict and its extremities, SGBV becomes almost bearable- a secondary concern for refugees struggling to survive and, sometimes, development partners struggling to make meager resources work for the overwhelming number of people forced to flee their countries.

Yet, SGBV and Violence Against Children (VAC) has far-reaching consequences on health and wellbeing of refugees. A comprehensive response is one that deliberately addresses VAC and SGBV. To ensure that United Nations High Commissioner for Refugees (UNHCR) and partners- even in the face of patriarchal cultures and the normalization of abuse and violence- continues to provide services and support transformative structures relevant to the needs of refugees affected by SGBV, periodic and objective assessments such as this are necessary.

This assessment is especially important for Uganda- where the influx of refugees has strained the response and compromised refugee protection and mechanisms for addressing SGBV. This assessment arose out of UN and government of Uganda concerns about the handling of SGBV in the refugee response and is an important step in fulfillment of the requirements of the Joint Plan for Action on Promoting Transparency and Accountability in Uganda's Refugee Response. The Assessment aims at:

- a) Reviewing the existing measures, services and safeguards (both formal and informal) relevant to prevent and respond to SGBV against women and children, and identifying gaps.
- b) Generating recommendations for a comprehensive program for the protection of women and children from SGBV.
- c) Informing the updating of the 5-year Interagency SGBV Strategy in Uganda (2016-2020) and the development of a country specific child protection strategy.

Methodology

To effectively delve into the lives of refugees affected by SGBV, the study employed qualitative methods. It involved key informant interviews with community leaders, district officials, Office of the Prime Minister, UNHCR and sister UN agencies. These include: UNICEF, UN Women, World Food Program, UNFPA, IOM and non-governmental organizations involved in the refugee response. Focus group discussions and interviews with women, men, girls and boys in selected settlements and transit or reception centres in 11 districts were carried out. The districts are: Arua, Adjumani, Moyo, Yumbe, Isingiro, Kisoro, Hoima, Lamwo, Kyegegwa, Kamwenge and Kampala. In Kampala, the FGDs targeted urban refugees. Thematic content analysis was done and themes from the data distilled to give meaning and understand perceptions.

Findings

Refugees are aware of the existence of SGBV and its different forms. This is partly due to the efforts of UNHCR, OPM and partners. However, awareness does not translate into empowerment of individuals and communities to speak up and challenge cultures that perpetrate SGBV. In fact, SGBV is uniformly viewed as wrong only when it is fatal or causes grave injury. Women and children are disproportionately affected by SGBV. The experience of conflict, during which they also experience the most abuse, and their low rank in the society pyramid makes them more likely to tolerate SGBV even after resettlement.

Ninety percent of SGBV survivors are female. Most women and girls have little or no education. This limits their employment opportunities and impacts their socio-economic status. Female refugees and their families have less access to resources and their livelihood is compromised in a society where women are not expected to own property and, when they do, they are bullied and exploited. This exclusion of women affects them over generations and makes them unable to control their own lives and walk out of violent relationships. Children in foster care and the disabled also experience high levels of SGBV by a society that views them as an inconvenience.

Ethnic, gender and other social inequalities interlink and sustain existing gaps in the refugee response. Poor refugees are less likely to report SGBV. These refugees cannot afford the cost of pursuing justice- sometimes over months or years. They opt to stay silent. They also fear the consequences of reporting on their social and economic wellbeing, especially where the perpetrator is a bread winner, a national or powerful member of society. Sexual and Gender Based Violence is perpetuated by inequality and social disempowerment- compounding structural gaps that hinder effective response. Survivors are often displaced and left without the safety net of a social support system. This worsens poverty, increases susceptibility to SGBV and ensures survivors are crippled into silence.

Violence is therefore linked to power and oppression in a bid to maintain the status quo. Conflict upsets the power dynamics among refugees, many of whom are struggling with the idea that women can be equal to men and control resources. In some cases, UNHCR and partners are viewed as upsetting the balance of society by empowering women. Men are struggling with a situation where poverty means they are unable to carry out the traditional role of looking after the family. These men feel like UNHCR has 'married' their wives because it is now the major provider of life's necessities. Deprivation further places pressure on households, resulting in domestic violence.

In spite of interventions, men still desire to be controllers of resources while women remain subservient. Many men exploit women who are economically better off. Some are absentee partners, befriending women only when food rations have been given out and disappearing when the rations are over. Social norms from countries of origin further reinforce female submissiveness and male dominance. The stigma of a 'broken family' or rebelling against family members forces women to stay in violent situations rather than speak up.

These perceptions about SGBV exist against a backdrop of several measures, services and safeguards in all study sites. The SGBV interventions are provided by the Uganda government (through OPM as the coordinating agency), UNHCR, UN agencies and partners in refugee protection. The effectiveness of even the most well-meaning structures and safeguards is affected by the fact that SGBV and VAC mostly occurs in the domestic sphere where UNHCR and partners cannot always reach.

Yet, there is an undeniable relationship between the private and public sphere. One's socioeconomic status determines how they will respond to SGBV and utilize existing mechanisms. While SGBV cuts across different social backgrounds, ethnicity, religion, age, wealth and education level all interact to determine social norms and attitudes. These factors also determine decisions on whether to report or remain silent and how open a survivor will be about the details of their SGBV experience.

Sexual Exploitation and Abuse (SEA) and references to Human Trafficking - like situations are common among urban refugees where the struggle for survival and competition for resources is stiffer. While urban refugees also experience SGBV, interventions such as protection houses are not available near them. Refugees in urban areas face poverty and inequality. Women do odd jobs such as hawking in the night and this exposes them to sexual harassment and rape. Refugee children are stereotyped as thieves and youth are driven into drugs and alcohol. Yet, few services target young refugees and address their unique challenges.

Generally, the major challenges to effective SGBV prevention are: the inability of households to meet basic needs, limited human and financial capacities of SGBV partner agencies and community structures, coordination challenges, short project implementation cycles and underfunding of SGBV actors and interventions. Most actors concentrate on relief activities without considering long term development challenges that refugees face. The few livelihood interventions are limited to agriculture and do not offer comprehensive solutions- thus failing to empower and transform lives of refugees.

Recommendations

- Support sustainable livelihoods and self-reliance at individual, household and community level to enable people meet basic needs, live dignified lives and participate in community and national development.
- Increase the length of programs and interventions to foster behavior change and support livelihoods. Programs should have enough staff and be given adequate time for piloting and eventual scale up.
- Donors should increase funding and deliver on their promises to meet both short term relief and long term development needs for both refugees and host communities.
- Strengthen supply chains for food and non-food items.

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- Strengthen support to education through increased school access, improved staffing, retention and progression.
 - Increase safe spaces for children as a means of dealing with VAC.
 - Increase the availability of protection houses for SGBV survivors in both rural and urban areas.
 - Invest in robust awareness on VAC, SGBV, SEA and human trafficking as part of SGBV prevention. This awareness must be continuous and reach both new arrivals and refugees who have stayed longer.
 - Integrate routine screening for SGBV and VAC in all services provided to refugees.
 - Train line staff in early identification and management of SGBV and VAC.
 - Engage men and boys in SGBV and VAC programming interventions.
 - Simplify and popularize referral pathways for SGBV and VAC.
 - Strengthen mental health and psychosocial support services, including mainstreaming and ensuring availability of core staff for better management of mental trauma among survivors.
 - Increase support to sustained peaceful coexistence and service delivery between host communities and refugees.
 - Strengthen community outreaches for identification and management of SGBV and VAC cases.
 - Improve coordination among actors for better results, as some of the above services require building trust and confidence between the service provider and the beneficiary, and hence require long term interventions.
 - Increase the holding capacity of reception centers and decongest these centers through timelier resettlement arrangements.
 - Each actor should identify and adapt these findings to their sector.
 - Design and implement specific interventions tailored to the vulnerabilities of urban refugees.
 - Further inquiry is needed to understand livelihood needs and appropriate interventions by area and refugee population.
 - A survey to document the magnitude of SGBV and VAC among refugees as well the challenges in foster care arrangements for refugee children is needed.

Conclusion

SGBV and its contemporaries- VAC, SEA and human trafficking- are driven by negative cultural norms, capacity gaps among actors and the continued influx of refugees in Uganda. The magnitude and challenges of the refugee situation call for a multifaceted comprehensive refugee response using a 'whole-of society' approach to strengthen prevention, address root causes, provide protection and pursue lasting solutions. The policy framework should integrate SGBV screening and support in all facets of the refugee response so as to reduce violence against women and children and improve the quality of life of refugees.

Part One: Background

This section gives the rationale for the interagency assesment. It also discusses the economic, social and political context of the refugee response in Uganda and outlines the methodology and objectives of the study.

1.1 About the Interagency Assesment

In 2018, the Uganda government, UN and development partners developed a Joint Plan of Action to promote Transparency and Accountability in Uganda's Refugee Response. Section 3 of the joint plan set out interventions to ensure women, children and other vulnerable people are safe and receive the support they need. One of the interventions provided for under the plan is a joint assessment of measures, services and safeguards for the protection of women and children. The Agency for Capacity Building (ACB) undertook this joint assessment on behalf of the United Nations and partners in Uganda.

Data for the assessment was collected between July and August 2018. Part one provides a background and introduction to the study, part two is a discussion of refugee perceptions and experiences of SGBV. Part three highlights measures, services and safeguards and discusses the reasons why SGBV thrives in spite of these interventions. Part four is the conclusion and recommendations for a comprehensive refugee response that provides safeguards, measures and structures that are alive to the specific needs and challenges of refugees.

1.2 Context and history of Uganda's refugee response

Uganda has experienced relative political stability for the last 32 years and remains primarily an agricultural economy.¹ The proportion of people living below the poverty line declined from 56.4 per cent in 1992/93 to 21.4 per cent in 2016/17, surpassing the Millennium Development Goal target of halving the proportion of the population living in extreme poverty by 2015.² Yet, the poorest people not only have the smallest proportion of national income, but the portion they have is declining. The poorest 20 percent have only 5.8 percent of national income, and this share has declined by 20.6 percent.³

According to Uganda Bureau of Statistics, Secondary School Net Enrolment Ratio (NER) for Uganda was 28 percent in 2016/17. This means that most children who should be in secondary school are not. The rate was slightly higher for females (29%) than males (27%). Urban areas had a higher secondary school NER (44%) compared to rural areas (23%).⁴ About seven in ten people aged 10 years and above (74%) are functionally literate.

Literacy rates for males (78%) is higher than that of females (70%). Literacy rates for residents in urban areas is much higher than for rural folks (87% and 69% respectively). The literacy levels are much lower among females and males in rural areas (64%) than in the urban areas (84%).⁵ By 2016, physical access to health facilities was at 86 percent within a 5 km radius.⁶ However, shortage of staff and absenteeism, long waiting time, low supply of drugs and other supplies, poor

service provider attitudes, illicit charges and unfavorable opening hours limit the delivery of quality services.⁷ Close to half (48 percent) of the population sought care from private hospitals or clinics while only 34% went to government health facilities.⁸

Among host and refugee communities in Uganda, poverty remains a challenge. About 2.7 million of the 8.2 million people residing in the 12 refugee hosting districts are poor.⁹ Refugees in Uganda therefore live in the same context of poverty and insecurity as nationals, with female and other vulnerable refugees having entrenched social, religious and cultural beliefs standing in the way of access to services such as education and support when they experience SGBV.

The refugee policy framework in Uganda, celebrated as one of the most inclusive in the world, keeps evolving. The policy guarantees refugees freedom of movement, the right to seek employment and establish businesses and to access public services such as education, health care and justice. In refugee-hosting districts, services are integrated within government service delivery systems whenever feasible.

Prior to independence, the colonial government promulgated the Control of Alien Refugee Ordinance (1960). This law defined certain migrants as refugees. The Uganda government inherited the ordinance upon independence. Uganda is party to UN Refugee Instruments and OAU treaties and follows UNHCR guidelines on refugees. Ratification of international and regional laws made the 1960 Ordinance incompatible with international obligations. Uganda therefore passed the Refugee Act 2006. Uganda's refugee response is thus guided by national, regional and international laws, the Constitution of Uganda and the Refugee Act .

The refugee influx into a country such as Uganda, which in most cases is no better economically than countries of origin, disrupts the delivery of essential social and economic services. Still, Uganda allows both refugees and nationals to enjoy the same services and infrastructure-including social protection. In line with Uganda's out of camp policy, refugees are not confined to settlements. They also live in non-traditional refugee hosting districts and urban areas.

Most of the refugee response in Uganda is donor funded. This is a challenge because resources for humanitarian work are dwindling globally yet relief needs are increasing.¹⁰ In 2017, only 17% the South Sudan Regional Refugee Response Plan was funded while the Refugee and host population empowerment (ReHoPE) strategy had a funding gap of USD 104 million.¹¹ Therefore while Uganda has a liberal refugee policy, the country does not have enough resources to finance the social sector to meet both the needs of refugees and host communities.

1.3 Uganda's refugee population

The presence of refugees in Uganda dates back to the early 1940's when Uganda hosted Polish refugees who were resettled in Britain, Australia and Canada. In 1955, Uganda again hosted about 78,000 South Sudanese refugees. In 1959 and 1960, there was an influx of Congolese and Rwandese refugees in the western part of Uganda. Uganda has continued to host refugees from neighboring countries such as Burundi, the Democratic Republic of Congo, Eritrea,

Ethiopia, Kenya, Somalia, Sudan, South Sudan, Sierra-Leone, Senegal, Mozambique, South Africa, and Zimbabwe.

Over the years, the number of refugees and asylum seekers in Uganda has increased. For instance, 244,777 refugees and asylum seekers were living in Uganda in 2013. The number increased to 420,988 in 2014 and to 512,966 at the end of 2015. At the end of August 2018, Uganda was estimated to be hosting 1,505,323 refugees in 12 districts. At the time of this assessment, a biometric verification exercise to ascertain the number of refugees in the country, as part of the Joint Plan of Action, was being carried out. By the time of writing this report, over one million refugees had been biometrically verified by UNHCR and OPM. In 2017, an estimated 60% of the refugees were children.¹²

Table 1: Distribution of Refugees by location and Host population 2018

Location	Refugee population	Percentage	Total Host Population
Yumbe	286,859	19.1	584,221
Arua	270,390	18.0	846,491
Adjumani	257,104	17.1	170,029
Moyo	151,304	10.1	147,997
Isingiro	112,745	7.5	492,721
Kampala*	103,694	6.9	1,482,676
Hoima	83,558	5.6	625,568
Kamwenge	78,102	5.2	429,236
Kyegegwa	62,535	4.2	349,067
Kiryandongo	57,639	3.8	277,444
Lamwo	36,770	2.4	139,093
Koboko	4,623	0.3	236,900

Kampala city was main location for urban refugees.

Source: OPM 2018. <https://ugandarefugees.org/en/counytry/Uganda>

This trend of refugee influx has resource implications on host communities, especially in West Nile region -Adjumani and Moyo (see table 1)- where the refugee population out numbers the host community. South Sudan (72%), the Democratic Republic of Congo (19%), Burundi (2.8%) and Somalia (2.6%) are the major countries of origin for refugees and asylum seekers in Uganda. Together these nationals account for over 96% of refugees and asylum seekers.¹³ The Office of the Prime Minister (OPM) Refugee Department and UNHCR facilitate inter-agency planning, coordination and implementation. They are responsible for the overall refugee response, working closely with UN and NGO partners to supplement government efforts.

1.4 An influx of violence against women and children

The influx of refugees in Uganda means that people of diverse culture live together and compete for scarce resources. This has resulted in conflict within and outside the home. Like is usually the case, the most vulnerable such as women, children and men who do not fit societal stereotypes suffer the most. Some of this conflict happens across communities but a lot of it is borne and contained within the domestic setting. There is therefore not just an influx of refugees. Refugees come into Uganda with expectations, stereotypes and cultures both good and harmful. Many of the refugees fled violence in their countries only to be plagued with domestic violence in the country they have sought refuge.

Sexual and gender-based violence (SGBV) is a disturbing reality among refugee populations. Most survivors are female and SGBV remains underreported.¹⁴ According to the findings of an interagency SGBV assessment report of January 2016 conducted in the West Nile (Arua and Adjumani), 44% of respondents knew a community member who had experienced SGBV in the six months preceding the study.¹⁵

Studies on SGBV in Uganda, including by Care International¹⁶ and Refugee Law Project,¹⁷ have documented a high prevalence of SGBV among refugees and concluded that the issue remains a silent epidemic. The fear of shame and the belief that SGBV is a private matter, the associated social and monetary costs of reporting and low capacity among service providers all contribute to under reporting.

SGBV takes various forms, including early and forced marriage, sexual violence (including rape and defilement) and economic violence. Violence against children in refugee settings takes the form of child labour, corporal punishment and neglect.¹⁸ There are negative social and economic impacts of SGBV on survivors and their families.¹⁹ They include exposure to sexually transmitted diseases such as HIV, early or unwanted pregnancy and related complications, poor psychological health, chronic pain, physical disability and substance abuse.

SGBV experiences and consequences are worse when the cause of flight is violent conflict.²⁰ The magnitude of SGBV in situations of conflict and post conflict- when there is poor health care, legal and social infrastructure break down- remains unknown. However, most stakeholders agree that the levels of SGBV in conflict are unacceptably high and must be addressed comprehensively.²¹

Faced with adversity, refugees are left desperate and powerless. The host government and refugee agencies must recognise this inherent imbalance of power, especially when it comes to SGBV and VAC, and how this power affects refugees across different social strata. The culture of concealment makes SGBV pervasive. Refugees often arrive already socialised to accept SGBV and even protect perpetrators. This, together with the limited capacity of agencies to deal with SGBV, makes it hard to detect. Protection agencies and partners have limited capacity to address the underlying causes and different dimensions of SGBV, and this creates room for violence against women to thrive. This is further fuelled by the fragile contexts in which refugees live- where livelihoods are

uncertain and multiple ethnicities have to contend with diverse cultural practices and interests. Under reporting SGBV makes it harder to provide survivors with services.

Besides, it is difficult to enforce Ugandan laws while dealing with SGBV among refugees. This is partly because of absence of birth registration and documentation to verify the age of most refugees. The situation is made worse by high illiteracy, poverty and societal acceptance of early marriages. The major challenge in the Justice Law and Order Sector (JLOS) is manual, slow, expensive and complex processes that have led to high case backlog. There are also high costs of accessing justice. The situation is made worse by corruption and bureaucracy that comes at the expense of justice and a life of dignity for refugees.²²

JLOS institutions are mostly located in urban areas and absent in 18% of districts. The few available institutions operate in questionable premises that may further make survivors feel insecure and put them at risk. The sector is understaffed and cannot deliver quality and expeditious services. The current Judge to population ratio is 1: 720,000, police to population ratio is 1:764 and warder to prisoner ratio is 1:7.²³

While the legal policy and institutions in Uganda exist and have the potential to reduce SGBV and Violence against children (VAC), these laws and policies have failed to address the realities of refugees. SGBV leads to loss of power, lack of control over assets and social networks. This increases vulnerability for women, children and men who survive it.

1.5 Objectives of the assessment

1. To review existing measures, services and safeguards (both formal and informal) relevant to prevent and respond to SGBV against women and children, and identify gaps.
2. Generate recommendations for a comprehensive program for the protection of women and children from SGBV.
3. Inform the updating of the 5-year Inter-Agency SGBV Strategy in Uganda (2016-2020) and development of a country specific child protection strategy for Uganda

1.6 Methodology

Previous assessments were not carried out across the country. Neither did they consider refugees from all the different nationalities. This country-wide interagency assessment is a comprehensive study of the experiences and perceptions of refugees, across diverse nationalities, on SGBV and VAC. A qualitative approach was used because of the sensitive nature of SGBV and the need to come up with measures, services and structures informed by refugees.

The study was carried out among refugee women, girls, men and boys, community leaders, local government, UN and partner agencies. The assessment was conducted in 11 refugee hosting districts. It covered 10 settlements and Kampala (for urban refugees) (See matrix 1).

UN and development partners, chaired by UNHCR (in consultation with NGO partners), purposively selected the study sites. The selection of study sites was guided by: The need for regional representation, the need to hear from refugees in diverse settings (including transit centres, new, old, big and small settlements) to facilitate an in-depth understanding of SGBV measures and services for refugees in Uganda.

An initial literature review was carried out. Partner programme reports, assessments on SGBV and protection among refugees, national and international policies and strategies on SGBV and documents from organizations active in the response were reviewed. Published literature on the concerns, magnitude, drivers, and perpetrators of SGBV among refugee communities was also looked at.

This was followed by field visits where Focus Group Discussions (FGDs) were held. Seventy three Focus Group Discussions were conducted with women, men, adolescent girls and boys. These generated collective views on SGBV and VAC manifestations and drivers, enabling effective appraisal of available services and safeguards.

Participants used visualization, cards and posters. These participatory methodologies were integrated with stakeholder identification and analysis, with focus on who is doing what, where, for whom and when. In addition, a Strength, Weaknesses, Opportunities and Threats (SWOT) analysis was done for each stakeholder. They had the opportunity to share their knowledge and appraise SGBV programmes such as those on community watch groups, youth groups, solar street lamps, referral pathways among others.

The Key Informant Interviews (KIIs) were carried out to give insight into the context of SGBV and VAC as well as gaps, measures and safeguards in place. The KIIs were with health workers, district officials (probation and welfare officers, CDOs, police), UN Agencies, OPM officials, CSOs, community leaders, service providers, cultural leaders and religious leaders. Overall, 3 - 15 KIIs per study area were conducted. There were 127 interviews in total.

In-depth interviews with SGBV survivors were held. Selected SGBV survivors were identified in consultation with refugee service providers who carefully selected participants based on their level of healing from SGBV and willingness to share their experiences. These interviews generated narratives on the understanding of SGBV, causes, perpetrators, access to services, community perceptions, changes, progress and needs.

At the end of the assessment, a debrief was held in each settlement to share preliminary results and discuss findings with key stakeholders involved in SGBV and VAC programming and service

Matrix 1: Summary of data collection methods by district and study site

District/Location	Site Name	Data Sources			
		FGDs	IDI	KII	Partner Service matrix/ Transect walk
Yumbe	Bidibidi	4	2	10	1
Kamwenge	Rwamwanja	4	2	7	1
Kyegegrwa	Kyaka II	6	2	9	1
	Sweswe Reception Centre	2	1	2	1
Lamwo	Palabek Settlement	5	3	10	5
	Palabek Reception Centre	3	-	2	1
Kisoro	Nyakabande Transit centre	-	-	5	1
Isingiro	Nakivale	10	11	9	1
Moyo	Palorinya	4	3	7	7
Adjumani	Ayilo 2	6	1	25	1
	Olua	6	-		1
Hoima	Kyangwali	9	3	8	1
	Kagoma Reception centre	1	-	3	1
	Sebagoro Transit Centre	-	-	3	1
Arua	Rhino Camp	4	1	12	4
Kampala	Kampala	9	5	15	1
Total= 11	Total = 16	73	34	127	29

delivery. This was followed by a post fieldwork debrief held in Kampala at UNHCR offices, where country topline findings were presented to the national level SGBV working group- including UN agencies and partners. The draft report was shared with participating agencies for review and comment. A validation meeting was conducted and comments were incorporated in the final report.

Data was analysed manually using a thematic content approach which identified both manifest and latent content to bring out themes. The data was coded according to themes. This process also generated verbatim excerpts which have been used to demonstrate findings.

In line with the required ethical standards, the study approach, draft tools and consent and assent forms were prepared and shared with UNHCR and partners for review. Feedback was provided during a one day workshop organised by UNHCR and revisions effected before data collection.

After the study tools were finalised, training of research assistants was done together with a team from UNHCR and partners- including UNICEF, UN Women, UNFPA, WFP, OPM, partner NGOs and local government staff.

During the training, Research Assistants were taken through a wide range of ethical issues and codes of conduct. They were sensitized about sexual exploitation and abuse, human trafficking and ethics in qualitative research. This exercise was done for two days at each study site. After the training, a pre-test was done to enable research assistants get more familiar with tools and methodology before data collection.

UNHCR mobilised study participants, organised venues, scheduled interviews and discussions. The assessment team explained the study purpose and obtained written consent and assent (from children). The research team remained objective and ensured confidentiality. Respondents were informed of their right to discontinue the interview at any time. All interviewed children were between 12 and 17 years. UNHCR, OPM and agencies involved provided clearance for the study. Participants who disclosed that they are SGBV or VAC survivors were referred to appropriate service agencies. The entire research adhered to WHO guidelines on researching SGBV.²⁴

Part two: Normalized misery- Refugee experiences of SGBV

This part is a discussion of the prevalence of SGBV, its forms and how refugees experience and perceive it.

2.1 Incidences and forms of SGBV among refugees

Between January and December 2017, 5001 new incidents of SGBV from 12 refugee settlements in Uganda were identified, managed and documented. The most common form of SGBV is physical assault (33 percent) and psychosocial/emotional abuse (24 percent). This is followed by rape, economic violence, sexual assault and early marriage (See figure 1). Overall, 90 percent of survivors are female while 10 percent are male. There are minor regional variations in proportions of survivors by gender.²⁵ The total number of cases reported and handled by gender and area are summarised in table two.

2.2 Violence at country of origin makes refugees vulnerable

SGBV is common in countries of origin such as DRC, South Sudan, Burundi and Somalia where there is still conflict and the justice and law systems have broken down. The lack of a functional and responsive social sector and protection services in the country of origin fuels violence against women before and after conflict.

Before flight, SGBV is widespread and associated with negative culture and gender norms- especially negative masculinity and misogyny. During and after flight, SGBV is associated with the experience of violence and armed conflict. SGBV is further associated with the destruction of livelihoods, which is also one of the main reasons for fleeing countries of origin. Most respondents, across all study sites, reported witnessing or personally experiencing various

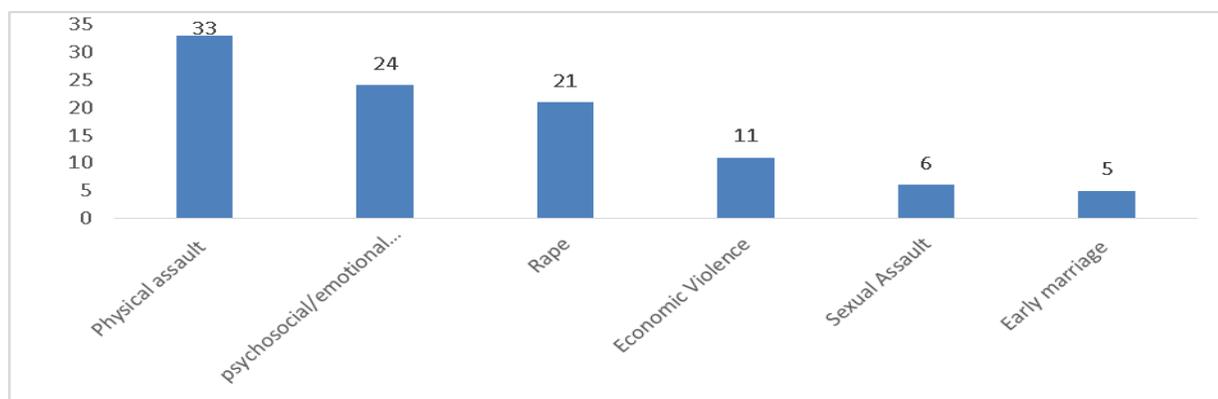


Figure 1: Common forms of SGBV among refugees

Region	Location	Male N (%)	Female N (%)	Total
West-Nile	Adjumani	26	286	312
	Lamwo	43	290	333
	Parolinya	14	267	281
	Bidibidi	71	774	845
	Arua	169	1355	1524
	Sub-total	323 (9.8%)	2972 (90.2%)	3295
South- West	Nakivale	30	255	285
	Kyaka	16	138	154
	Oruchinga	16	90	106
	Rwamanja	30	193	223
	Kisoro	48	291	339
	Sub-total	140 (12.6%)	967 (87.4%)	1107
Mid -West	Kiryandongo	3	249	252
	Kyangwali	20	185	205
	Sub-total	23 (5%)	434 (95%)	457
Urban	Kampala	28 (19.7%)	114(80.3%)	142
Grand total (%)		514 (10%)	4487 (90%)	5001

Table 2: Uganda Annual SGBV statistics by region, settlement and gender Jan -Dec 2017

Source: UNHCR (2017), GBV Information Management Systems report for Uganda, refugee settlements and urban Kampala, January – December 2017

atrocities and human rights violations, including SGBV. Participants young and old witnessed killings, rape²⁶, defilement²⁷ and physical torture of neighbours and loved ones.

Some men were forced to rape men and women. These acts of violence have affected the social lives of refugees and taken a toll on their physical and mental health. Their memories are still fresh and violence back home and during flight has spilled into settlements. Jane is a refugee from Democratic Republic of Congo (DRC). Her experience illustrates that women are particularly vulnerable. They experience violence during flight and in their countries of origin. They are then further exploited when they resettle.

They raped me one by one: Jane's story

"I have experienced violence from my country of origin, by then I had two children and I was married. People came and took my husband in 2011. In DRC they (people) used to come and attack even when there was no war. Several men came at night and attacked us. My husband was thrown out of the bedroom and four men raped me one by one. After gang raping me they left with my husband and up to today I have never known what happened to him- whether he died or is alive. The worst part of the rape was that I conceived..When they left the room I tried to also run for safety, thinking that they would come back.

On reaching outside, they had planted a bomb at the door way. It went off and hit my leg... I was admitted in hospital in DRC for four months and it was during that time that I realized that I was pregnant. I hated myself... So after the four months I went and started staying with my sister, hoping that my husband would show up- which never happened till today. I gave birth to a baby boy who I will never know the father to.

In 2014 Feb, war broke out in Congo and we shifted to Bunagana at the border with Uganda, and while there we were advised to cross to Uganda. I first refused because I was very hopeful that my husband would show up but later I gave up and came with my three children. When we reached here (Uganda) the conditions were too harsh, there was no food for us, nowhere to sleep. The situation was so tough but because I wanted to provide for my children, I got a man in the settlement. Frankly speaking, I never loved him at all but I was looking for my children's survival. Unfortunately, he also made me pregnant. The child is three years now. And to make matters worse, after making me pregnant he went back to Congo when the pregnancy was seven months."

Women who suffer SGBV during conflict often faced double victimisation. They are shunned by their husbands and family. One female SGBV survivor in Kyaka II was stigmatised and labelled a prostitute after she was raped. Women are shamed for experiences they have no control over.

2.3 Country of origin influences perception

The perception of SGBV varies based on one's country of origin, culture / nationality, gender, duration of stay in the settlement (whether newly arrived or settled for a while) and one's experience with SGBV i.e. whether a survivor, perpetrator or none of these.

The most common form of SGBV across all refugee settlements is physical violence by partners, including wife beating, slapping, kicking, hitting with objects and fights between men and women. Most of the incidents are triggered by minor disagreements related to economic pressures, unaddressed trauma, increased substance abuse and a general breakdown of society's core functions. SGBV is also widely accepted as a consequence of disagreement between men and women. One FGD female participant in Ayilo II Adjumani said,

"Fights between husbands and wives are common. When a man or woman is drunk and they disagree on anything, they usually end up in fights. When women request their husband to provide their needs and they do not respond, they fight."

Use of physical violence is more common among South Sudan refugees and is perceived as an acceptable act of men disciplining their wives.

"Slapping and beating women is mainly because of drinking alcohol. This is common among the Dinka and Madi from South Sudan," KI OPM, Adjumani.

SGBV is linked to poverty and the undignified situation in which refugees sometimes live.

"Our houses are small... when a man comes home any time, he wants sex even when children are there and yet it is a shameful act when children are present. When you deny him, he alleges that you're cheating on him, then he fights," FGD Women, Juru, Nakivale settlement.

Some key informants link the prominence of physical violence to the widespread use of violence in private and public spaces.

"What I have observed is that fighting is a way of life. Fights are very common. Even a happy scenario like watching a football match, dancing... can easily end in a fight. So physical abuse of women is part of this context," KI, Adjumani District.

2.4 Polygamy fuels SGBV

Polygamy creates complex relationships and a fertile ground for SGBV. In Some cases a man uses violence as a way to subjugate and control his wives. In others, women fight among themselves. Co-wives gang up against the new wife, physically and emotionally abusing her. The husband reacts by meting out the same violence on the wives or wife and this only continues the cycle. This form of violence is related to tilted power relations within marriages- especially where the age differences among co-wives and the husband is big. Pressure on women to give birth- especially to boys- is another common cause of violence within marriages.

Giving birth to a boy child, a presumed heir, elevates a woman's status- making girls subservient to boys from birth. Women who give birth to only girls are abused and isolated. Some parents force their underage girls into marriage for material gain, reflecting how poverty, culture and societal expectations intersect to sustain violence against women.

2.5 Most at risk refugees

Women and girls are most affected, followed by boys and men. Most perpetrators are men.

One man in an FGD in Nakivale argued that:

"...you cannot tell us that you love our wives and children more than we do... what exactly are you looking for? Do you know that there's no food at home? How can we talk about love and care without food?"

Girls in their adolescence, especially among Somali communities where FGM is also common, are considered ready for marriage.

"You see, when a girl develops breasts and menstruates, they know that's bride price already and fear her getting spoilt at home. So, they arrange for marriage even when you have never seen the man...my sister was married off like that to a big man who mistreated her. They had 5 children and he later abandoned her for a new woman. Her in-laws are the ones exploiting her now...it is so sad," FGD Women, Rubondo.

Another participant put it thus: *"When a banana is ripe, it's eaten."*

Girls who are out of school, new arrivals, unaccompanied children, children from broken homes and those with single parents, children with disabilities and women with mental problems are particularly at risk. Children with disability, step children and those in foster care are considered a burden. Foster parent eat food rations meant for children before they do their own. Then when the children's food is over, the foster parents insult and deny them food. Also, some children see their food as a personal entitlement and do not want to share it with the family.

"I witnessed violence in our neighbourhood. There are very many (episodes) because even our neighbour separated with the husband. She left the child and the man married another wife, so the step mother to the child is mistreating him by beating and refusing to give him food," KI, Nakivale.

"In my case, the step mother is the perpetrator and whoever tries to talk to her about it she abuses. There should be serious case follow ups because when they don't follow up cases, they increase VAC," Women FGD participant."

SGBV is mostly takes place in homes, on the way to school, Churches at night during overnight prayers, dancing halls, at the water points and in the field during firewood collection.

"...we had gone to collect firewood that side of Kityaza. A herdsman, a Ugandan, saw us. We were two, my sister and I. He chased us while shouting at us that even if he rapes us, no one will identify him... we were helped by a moving vehicle where people chased him and he disappeared in the bushes. He would have harmed us," FGD Women, Juru Nakivale.

"My friend was raped on her way from collecting firewood. She didn't know the rapist because she was unconscious."

"My father died in my country Congo and when the war broke out, we came to Uganda. However, when we reached here, my mother married another man. This stepfather of mine defiled me. I never said anything for fear my mother would chase me away from home and put herself in danger as well," FGD Girls, Rubondo.

2.6 UNHCR is your husband now: Economic violence as men and women struggle to cope with power shifts

Economic violence involves the denial of economic opportunities or services and social exclusion- especially of women and girls. It is related to denying women the right over productive assets, to own property and to work outside the home. Insecure and fragile livelihoods, alcoholism, lack of communication and respect among couples, neglecting family responsibilities, denial of sex, polygamy and step parenting all fuel economic violence.

Married women and women in relationships are the most economically exploited by their male partners. Cases of some men selling family food rations or agricultural produce were reported across all study settlements. For instance, in Ayilo II, Olua, Palabek and Palorinya settlements, during and after food distribution or harvest, some national and absentee refugee husbands commonly known as 'ambassadors' superficially befriend female-headed households.

These men have sexual relations with the women as a means of accessing and controlling the women's food rations. The men take the food to their other families, a clear form of economic violence. This form of exploitation also extends to sale of non-food items. Where women attempt to resist, they are abandoned. This leaves them more vulnerable than before and puts them at further risk of physical abuse, as these respondents demonstrate.

"Some men sell family food to get money to drink alcohol or take it to other women thus depriving the family."

"We have men who don't stay in settlements (ambassadors) when they come they want to sell food and household items and go back to South Sudan," FGD Women, Ayilo Settlement, Adjumani.

"Men have no shame, they sell the food ration and provide nothing to the family,

giving the burden of family care to the wives...," KI CSO, Adjumani.

"Post Bank gives money to buy food for the family for some refugees. When the man gets the money he drinks it, when the woman gets the money the man will ask for it... Some women plant beans and maize but men sell them and don't bring the money...All these lead to disagreements and end in fights between men and women," KI, Kyaka II.

Some men stop their wives from working or running income generating activities. These men believe it is easier to control a woman who does not have money. Refugee communities consider property ownership a preserve for men. Violence happens when men sell produce after the woman has worked hard on the land. Women feel aggrieved when men use the money to marry other wives or buy alcohol instead of investing in what the entire family needs. Enterprising women are especially targeted by violent spouses who wish to control them and their assets.

Disagreements about men's failure to play an active role in taking care of the family sparks off violence. Women expect men to play a more active role in the wellbeing of the family. Men, too, argue that some economically empowered women neglect their roles as mothers and spouses. Conflict and resettlement has affected the traditional roles of men and women and there is tension - that sometimes degenerates into SGBV- as the refugee community struggles to cope with these changes.

Many people view women economic empowerment as being against culture. Women support groups are not popular among men. Men accuse UNHCR of "turning wives into men" by empowering them.

"...we had gone to collect firewood that side of Kityaza. A herdsman, a Ugandan, saw us. We were two, my sister and I. He chased us while shouting at us that even if he rapes us, no one will identify him... we were helped by a moving vehicle where people chased him and he disappeared in the bushes. He would have harmed us," FGD Women, Juru Nakivale.

"My friend was raped on her way from collecting firewood. She didn't know the rapist because she was unconscious," FGD women.

"My father died in my country Congo and when the war broke out, we came to Uganda. However, when we reached here, my mother married another man. This stepfather of mine defiled me. I never said anything for fear my mother would chase me away from home and put herself in danger as well ," FGD Girl, Rubondo

Most cultural aspects work against women. For instance, beating a woman is seen as an attempt to instil discipline while beating a man is seen as criminal and contemptuous. Some women describe SGBV as 'beating *with love*'. Some cultures believe that a girl is better off uneducated,

illiterate and unskilled- unemployed and unemployable. These cultures fortify isolation, powerlessness and poverty amongst women and girls.

Economic violence and the crippling of women through poverty enables harmful cultural practices such as FGM among the Somali, removing some teeth among the Dinka from South Sudan and labia elongation or labia pulling (through manual manipulation known as pulling or physical equipment such as weights) among the Rwandese, Burundians and Banyabwisha from DRC.²⁸

2.7 Rapturing the abdomen: Women silently carrying the psychological burden of SGBV

Women report experiencing psychological trauma, anxiety and depression as a result of verbal insults, demeaning gestures, negative labels and abandonment by spouses. Women also report being alienated from their children, especially in polygamous situations.

Indeed, all SGBV has emotional undertones. Yet, even when women know they are being abused, their decisions regarding this abuse greatly depends on their ability to cope- financially and socially- without the perpetrator. Many women said they conceal and tolerate SGBV because they depend on the perpetrator- usually a husband. To these married women, domestic violence is a secret and speaking up against it would be akin to rapturing one's abdomen.

Single women are more likely to report abuse and SGBV than married women. Marriage is considered so valuable and sacred that some SGBV survivors would rather remain in abusive relationships than be single. Survival and social acceptance takes precedence over rights and freedoms. These controversies, ambiguities and realities of women who experience SGBV should be given serious consideration when designing and implementing SGBV prevention strategies and livelihood frameworks to effectively empower communities and individuals.

2.8 SGBV considered trivial after the trauma and extremities of war

After the trauma of war, SGBV among refugees is not only normalized but also difficult to perceive. SGBV and VAC is to many refugees a trivial issue that they can conceal. Therefore even though the general perception is that SGBV and VAC exist, most respondents said that they are being reported less and less.

In settlements with many recently arrived refugees such as Kyaka II, Palabek, Parolinya and large settlements with many sub-settlements such as Nakivale, SGBV is perceived to be common and on the rise. Kabanyoro and Itambabiniga Zones in Kyaka II were singled out as SGBV hot spots due to tribal differences between the Bagegere and Banyabwisha from DRC. Such conflicts often turn into fights. In these settlements, refugees come from societies where some forms of violence such as wife beating and early marriages are acceptable.

In Nakivale, the common forms of SGBV are forced marriage, child marriage, denying children (especially girls) school, inadequate sanitation and hygiene facilities in schools, rape (including marital rape) and stigmatisation of women who do not give birth to boys. Survival sex is condoned, especially where one has sex with another person because the person is giving financial support.

However, for settlements where refugees have stayed long, such as Rhino Camp in Arua, Oluva in Adjumani, Rwamwanja and Bidibidi, the decline in reporting is attributed to UNHCR and implementing partners sensitizing refugees on SGBV. The refugees, through sensitization over a relatively long time, are understanding and adapting to Uganda's context and laws. They still complain about the stringent laws but they realize they have to follow them, as expressed by one KII in Adjumani thus:

"Refugees who have stayed here (Uganda) for a long time, three to four years, they are trying to adjust to our way of life. They have been sensitized about the laws of Uganda, they have strong leadership and SGBV structures. They still complain about the laws of Uganda prohibiting early marriage, a woman taking a husband to police for beating her ...as strange things in South Sudan. Others are used to the use of violence as a quicker way of solving their issues as opposed to the justice system with lots of delays ..."

However, culture is deep-rooted and there could be under reporting even among long settled refugees- wrongly creating the impression that SGBV has reduced.

2.9 Double tragedy: Poverty exacerbates SGBV among urban refugees

In Kampala, common forms of SGBV include: physical assault, economic violence, emotional violence and family neglect, sexual harassment and exploitation, incest and human trafficking. Rape and defilement are prevalent, especially in slums where most refugees reside. Women are also raped on the way from work in the informal sector where most refugees struggle to survive in the cash-driven urban setting.

"We are not safe at all, we struggle to get work but it's not easy. Some women and girls are raped as they come from vending at night. So, it's double suffering. You spend the whole day struggling, you are raped, your money is taken away,"
FGD Congolese Woman, Kampala."

Sexual violence is embedded in negative cultural practices, gender inequality and societal breakdown, violent masculinities and competition over resources. Sexual violence against children is mainly caused by household poverty and child neglect. This leads to teenage pregnancies that increase and sustain dependence and poverty. Early pregnancy also exposes girls to child birth related complications and increases maternal and child mortality. Young married girls are more likely to suffer violence than older married women.

SGBV thrives in a volatile, unpredictable, complex and ambiguous environment that involves interplay of ignorance, poverty, disease and illiteracy. The cognizance of these intersections driving the vulnerability of children, adolescents and youths is critical for effective programming. In Kampala, due to lack of privacy in places where refugees live, children lack parental guidance and are exposed to adult sexual behavior. This has led to an increase in forced and consensual incest.

Like in other refugee settlements, the prevalence of SGBV among refugees in Kampala is admittedly high but under reported. The situation is complicated by urban poverty and inequality and the inherent survival complexities in urban settings. Most survivors also remained silent because they cannot communicate in the language used in the area where they have settled, fear, lack of confidence, high cost of accessing justice and lack of trust in service providers. The poorly organized labor market further prevents refugees from accessing decent employment. Poverty and lack of employment has driven many refugees into transactional sex. Young refugees sometimes get involved in abusive and exploitative sexual relationships with older people from within the refugee or host community.

2.10 Refugee experiences and perception of violence against children

SGBV and VAC are linked and reinforce each other. Children who face violence are at risk of experiencing and perpetrating SGBV as adults.²⁹ Refugee children face all forms of violence, including physical and emotional abuse, sexual violence and neglect. Physical violence for children at home and school is considered acceptable punishment. Girls carry an unfair care workload, including cooking, washing and caring for children. They are sometimes forced into prostitution. All this stands in the way of school, play and social life.

Boys who are not in school, at all settlements, report being sent to work as casual laborers. In Kampala they collect and sell scrap.³⁰ They are often mistaken for thieves and arrested by law enforcers or beaten by community members. Like is the case with violence against women, trauma from conflict in countries of origin, lack of basics such as food and a general life of indignity fuel VAC. One KI in Rhino said parents place all their frustration on children.

“When punishing these children, (foster) parents kick them like football. They don’t know which part they are beating because of too much stress. They let out their negative emotions on these children. New arrivals are worse than those that came earlier. Those that came earlier were slowly healing and start to consider alternative punishments. Such situations has forced partners to re-foster these children, which is bad for bonding. While we know it’s not the best, it’s the only way out in the interest of the child. When such parents are engaged, they say that they were terribly annoyed by their pre and post flight experiences and losses- especially when these were occasioned by neighbors or persons they knew. In other non-physical acts, caregivers used demeaning and belittling references.”

The same societal structures, pressures and expectations that anchor violence against women also drives violence against children. Poverty and the lack of safeguards drives children into the hands of abusers and perpetrates harmful practices such as early marriage.

“For instance, if the girl is the one always cooking at home, fetching water, washing and out of school with no benefits, it becomes reasonable and fashionable to say if I am doing all this for other people (foster parents) why don’t I go and do this somewhere with someone (husband or partner) in my own home where I have a title (madam or wife) and I am also ‘loved,’” KI, Yumbe.

Child neglect- especially among orphans, unaccompanied children, and children with disabilities, those living with step parents and relatives and those in foster care- is widespread. Children and adults across all study sites noted that such children are denied food, medical care, education, clothing and other necessities. Cases of some children being abused and abandoned were also mentioned in Kampala, Adjumani, Arua and Moyo

“One child in our class came to school and on return he found his parents had shifted to an unknown place. The boy now stays on the street and survives on selling scraps and handouts from well-wishers,” FGD Congolese Children, Kampala.

“Children are beaten, they are denied services, and they are not taken to school, especially the girls. You find it’s time to go to school but parents are sending children to markets,” KI, District Official Moyo

“I got you on the way. I am not your parent,” KII, Rhino

Girls in Kampala reported being denied sanitary pads by their caregivers. This subjects them to humiliation. Refugee children are defiled and forced into marriage.

“My father forced my 17-year-old sister to go to Kenya for school yet he had arranged a man to marry her. He has also identified a man to marry me. But I felt that I was still young. I have reported to ARC and they have talked to my parents but they insist I’m old enough,” FGD Girls in School, Nakivale.

Most child marriages are arranged and take place in countries of origin- especially in DRC and South Sudan. Once a girl is identified as ready for marriage, the two families negotiate the bride price and make arrangements for her to return home. She only returns to Uganda after months or years of marriage, often with children.

“Cultural attachment towards certain practices like bride price and marriage have kept many girls out of school and being married off early. In fact, now that they (Refugees) have known that in Uganda it’s a crime to marry a girl below 18 years, they smuggle them into South Sudan, marry then return back as man and wife. This makes it hard to cab such VAC,” KI Legal Services, Moyo.

Service providers find it hard to assess and intervene when children suffer various forms of physical, emotional and sexual abuse.

“We have a challenge dealing with abandoned children. You cannot easily tell whether the child is drunk, hungry, sick, or mentally unwell... They simply look frail and confused... they sometimes die in these circumstances,” KI, Rhino.

Girls are sometimes lured into child prostitution or defiled on their way home from school, fetching water or work in the informal sector as street vendors and in night markets- especially in Kampala.

“Girls are also defiled at night by unknown people. There is a girl in our area about 12 years old, she went to fetch water at night and was defiled but the family rejected her... Inter-Aid Uganda relocated her,” FGD Congolese girls, Kampala.

“One girl and her two siblings were staying with a grandmother in Kampala. When the grandmother could not care for these children, she sent the older girl of 16 years to engage in sex work. The girl became pregnant. She does not know the man responsible for the pregnancy and the grandmother wanted to force the girl to abort,” FGD Congolese boys, Kampala.

Children, mostly in Kampala, engage in ‘child to child sex’ because both boys and girls sleep in close proximity. Unwanted sexual advances, including touches and verbal insults- especially from *boda-boda* (motorcyclists) - are common place.

“Men in Uganda disturb us. When you pass a motorcycle stage or the market, men touch your breasts, buttocks and insult us. They say this one is big and should already be married, which makes us feel bad,” FGD Somali Girls, Kampala

In all settlements, boys who are out of school are given chores by their caregivers. Sometimes they seek odd jobs. They are involved in fetching water, collecting firewood, and digging, carrying merchandise to market places, stone quarrying and working at construction sites.

“Due to poverty, many boys who are out of school look for work. They fetch water, collect firewood, make bricks, dig... the unfortunate thing is that their parents sometimes take away the money and drink it -especially men- which is another form of violence,” KI, Kyaka II.

Most refugees understand the general concept of violence against children because UNHCR and partners have raised their awareness. However, child labor and violence as a punishment is not considered a human rights violation.

“I am forced to carry a heavy jerry can which I can’t manage but at home they need water. If I don’t carry it, they say I have a big head. They beat me,” Child FGD, Rubondo.

Refugee children face emotional violence in form of insults from parents, other adults and fellow children. Like other forms of VAC, emotional violence is more prevalent among unaccompanied children, those with disability and in foster care. Children in foster care are insulted and mistreated by foster parents if parents do not receive expected benefits- such as more food rations- that come with fostering a child. Some refugees make sure they come to Uganda with children not belonging to them so that they receive more support.

While violence against children happens in all refugee settings, it is most pronounced in Kampala. This is related to the impersonal setting, cash driven survival, congestion and urban poverty against a background of power imbalances, trauma and abuse. In response, children venture into adult life at an early age. This increases their vulnerability. Further, host and refugee communities use children for cheap labour as house helps, construction workers and restaurant workers. Refugees are paid very low wages. Sometimes, they are expected to accept only shelter and food in return for their labour.

Refugee children are specifically sought after because they are easier to manipulate into working for free. These children are determined to make a mark, even without pay, in the hope that other opportunities will come their way. Sometimes those who employ refugee children withhold their pay when an item is destroyed or goes missing.

“In most cases, these children are paid the first time. Subsequent payments don’t come or are partial. These employers know children are soft targets and will not report or take revenge,” KI, CPU Kampala.

Not receiving payment for labour sometimes drives refugee children into crime, which they consider an alternative means of livelihood. Also, refugee children are frequently labelled criminals simply because they are refugees. They end up in detention where they stay beyond the legally acceptable time because they do not have legal representation or the means to meet bail terms. These children are voiceless and vulnerable, without the confidence, skill or forum to express their needs and challenges.

In some cases, children in Kampala, are bread winners responsible for meeting the basic needs of their households such as housing and clothing.

“Boys engage in activities like collecting and vending scrap metal which puts them at risk of arrests. They are often mistaken for thieves and beaten...Girls usually do domestic work and hawking up to late in the night, which exposes them to risks of sexual abuse like defilement and insults from men,” FGD women, Kampala.

Sexual exploitation of children for commercial gain is also a serious protection issue. Refugee children are targeted for child sacrifice because they lack social support and protection. In some instances, children find themselves in conflict with the law as they engage in illegal activities such as stealing for survival. Refugee children often feel discriminated and stigmatized at school and in communities as one explained

"We feel being refugees is a crime. You may be playing with other children but if by mistake you step on another child or the ball hits a door... all the blame will be on refugees...," FGD Children, Kampala.

Like is the case with VAWG, whether or not violence against children is reported depends on social status and networks, power relations within the community, gender, economic situation, culture and location. Children perceive being a refugee as a bad label. Some of them describe being a refugee as *'a strange thing and a crime'*. To be a refugee child is to be a *'black sheep'*.

These labels expose children to emotional and psychological violence at an early age and sets them up for a lifetime of discrimination. The hostile urban setting towards refugee children is made worse by other disadvantages that these children face. For instance, most of them are school drop outs, experience poverty and do not have family support. This makes them particularly vulnerable to abuse.

Some rural settlements are hotspots of VAC. In Nakivale, for instance, Rubondo camp is known for high school dropout rates that create a fertile ground for defilement and teenage pregnancies. Adolescent girls are considered women ready for marriage. They are the solution to the family's economic woes because when they get married, the family receives bride price. Children with foster parents feel more at risk of defilement and early marriage while single parents- especially mothers- blame themselves for the abuse their children face and have no knowledge of the law and children's rights.

The absence of support for children who survive violence results in high levels of abuse, runaway and abandoned children. Adults sexually and physically abuse children who, without the right support, are likely to become abusers too. Different forms of VAWG drive children away from home- denying them basics such as a decent education and exposing them to poverty and further vulnerability. Children such as these are likely to become parents early, having children who will themselves experience poverty and all the risks of being a refugee child at the lowest social and economic ladder of society.³¹

2.11 Refugee experiences and perceptions of violence against men

Although VaM has not been explicitly defined, it has inferences to SGBV against men- including rape, physical torture and violence, insertion of objects such as sticks and guns in multiple orifices, watching the rape of a wife, daughter or other family member and being forced to sexually assault a relative or a loved one.³² Even though SGBV against men is common in conflict situations, social and cultural stigma associated with sexual assault prevents survivors from reporting. Male

survivors, like their female counterparts, feel ashamed and afraid that perpetrators may retaliate if they speak out. Among refugees, VaM mostly occurs in the countries of origin.

VaM, like VAWG, is an instrument of war or revenge. For instance, some men and boys experienced forced anal sex, were forced to rape their wives and children in public and destroy property. Men who are raped reported feeling like they had been robbed of their masculinity and turned into women. The same patriarchal factors that make women and children a target for sexual and gender based violence also make men- in moments of powerlessness caused by conflict - vulnerable as they no longer wield the power they traditionally wielded before conflict. SGBV is usually meted on men by other more powerful men.

After settling in Uganda, VaM mostly happens because of men's failure to provide, revenge over infidelity or a previous violent act. In the traditionally patriarchal refugee communities, men who cannot provide are viewed as worthless. These men often experience verbal abuse and feel disrespected by women who they have been socialized to expect veneration from.

Women leave poor refugee partners for men from the host community or for refugee men with better means. Impoverished and with no hope of earning a better livelihood, refugee men are sometimes left with children they are unable to care for. The situation is worse for men who face multiple vulnerabilities- for instance, as refugees who experience poverty and are disabled. Women assault their physically disabled husbands and sometimes abandon them.

"If you have nothing to provide, you have no value in the family. The wife and children will abuse you. Or when you go to look for work, you find when she has cooked and eaten all the food- leaving none for you. If you ask, she will abuse you and ask you if you bought the food," FGD men, Kampala.

Men feel disgruntled by the OPM and UNHCR policy of registering some women as heads of household. Men perceive this registration as exclusively placing women in control of food, non-food items (NFIs) and land. With women being registered as heads of household, there has been a shift in power relations between men and women, and men feel that women are emboldened to despise them.

With men losing their traditional power, many women describe themselves as wives of UNHCR because it provides the things such as building materials, food, medical care, school fees and other necessities that men traditionally provided before resettlement.

"When we were in South Sudan, we could work and had money. But here, life is difficult we don't have anything to do. Our women abuse us that we are both women because we all depend on UNHCR," FGD with men, Ayilo II, Adjumani.

"Here women abuse us because we cannot provide for their needs. Some women beat their husbands as well," FGD Men, Kyaka II.

"Congolese women are not easy. Men are also beaten by women. Some women

do not care for children and leave everything for the man to do but men do not report. They fear to be laughed at.... Some women despise their husbands saying 'what kind of man are you, UNHCR is my husband because it provides everything,' KI, Kyaka II.

"Some women get married to new husbands who have money and abandon their men and children," FGD Women, Kyangwali.

When refugee men seek jobs, they are sometimes sexually harassed by women who request for sexual favors. This is especially common in Kampala. The perpetrators are mostly women from host communities who wield more power than refugee men and offer these desperate men employment in exchange for sex.

"When men go to look for jobs, women tell them first perform, meaning have sex with the women ... I found a woman she told me if I can start a relationship with her she will give me a job and pay me. When I refused, her friends said I despised and abused her," FGD men, Kampala. "

2.12 Refugee experiences and perception of Sexual Exploitation and harassment

According to the UN, sexual exploitation means "any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another" and sexual abuse refers to "the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions".³³

For all UN partners and contractors, there are formal and clear internal mechanisms against SEA – as a standard code of conduct. This contrasts with the community where SEA is not talked about and there are no clear referral pathways in case it happens. Reporting is only in extreme cases. At community level SEA is hidden and there is limited awareness. SEA is further deemed justified due to poverty and the need for survival. Refugees who have stayed long claim links to other refugees from their countries and Ugandans who they deem successful. They use these supposed links to dupe and exploit desperate refugees, especially those in urban areas, looking for employment

In Kampala, some refugees who have been in the country for long drop big organisation names as possible places of employment and claim to personally know the proprietors. Others disguise as UNHCR and partner agency staff and promise to help new refugees to access services. Such promises would come to fruition by either a cash payment to the contact or after sexual favours. In other cases, promises of better income and high life abroad lead to human trafficking for those that yearned for greener pastures outside Uganda.

Some refugees who have stayed in Uganda for long and are well connected position themselves at service points such as registration, police, health centres and at premises of implementing agencies. Here, they extort money from newly arriving refugees to 'facilitate' access to services

which are in fact free. In instances where women cannot afford to pay, they are sexually exploited and abused.

Cases of SEA perpetrated by some staff of agencies were also reported as one of the women narrates:

“I was seeing a male counsellor instead of helping me, he was convincing me that I accept to have a relationship with him and that will end my suffering. I refused and asked the organisation to change for me the counsellor but I did not explain the reason why I wanted a change. You never know the man could follow me and my children and harm us,” Woman Kampala.

SEA survivors are vulnerable and fear the consequences of reporting. Women often fear to report SEA because they do not want to put their families or children at risk. They fear that by reporting SEA, they may lose the little economic and social support they have.

In settlements, Sexual Exploitation and Abuse (SEA) mostly occurs around food distribution centres where power is exercised over the powerless.

One man tried to con me but I refused. Then I found he was in charge of food distribution. He denied me food till when almost it was finished... he told me, until I accept, I will be getting food last and little. I have nowhere to report. I might miss out if I do,” FGD Girls, Basecamp Nakivale.

“There is a police officer who lured a girl to have sex with him. The girl was selling cakes. The man first ordered for cakes on several occasions and paid. One day he called the girl and asked her to deliver cakes to his home...it started like that... the girl became pregnant. The police officer was arrested,” KI Community leaders, Kampala.

In Nakivale, women and girls are lured to nearby lodges in urban centres (especially in Mbarara) and staff quarters in Nakivale. In most settlements and in Kampala SEA admittedly occurs but is rarely reported. Women expressed that they have nowhere to report such cases.

“we report to God and do pray,” FGD Women, Juru , Nakivale

Without knowledge, skills or papers to prove education and experience, refugees are exploited. They are under employed, under paid and could be summarily dismissed at any time. Like any other young person, refugee youth dream of becoming wealthy and successful. In a bid to achieve their dreams, they face several risks- including sexual exploitation and abuse. Even for the few employed refugees, abuse of workplace rights is rife. For example, they may have no insurance or workman's compensation and are not part of pension or saving schemes. Yet most refugees, especially women, are too scared and desperate to speak up.

‘...every refugee female I know in this city has been abused... being a refugee and beautiful is a scandal. People target females because they know that, they may

be here illegally, have language barriers, may not easily identify and report the perpetrator, fear to confront the system and abuser, but also fear to testify because they wanted to present themselves and pass as chest. This makes sexual exploitation bloom...’ KI, Kampala.

“Reporting is difficult. People fear because the perpetrators are in position of power. They can kill or deny one a service. Besides, the victims are consenting because the abuser helps with facilitation,” FGD Men, Juru Nakivale.

There are cases where a refugee borrows money and the lender promises to waive the principal or interest if the borrower is willing to pay with sex. Perpetrators of SEA are both friends and strangers.

Detection and intervention is difficult because sex is viewed as private. Therefore, SEA never comes out in public and survivors do not seek redress. The consequences of sex are up to those involved.

Among urban refugees, people from Somalia, Ethiopia, Rwanda and Burundi are reportedly more secretive and are likely to stay silent about sexual violence and exploitation.

“Congolese refugees and those from South Sudan easily open up and seek services when they have been sexually abused. But those from Ethiopia and Somalia they rarely even “seek for services. They will disguise that they have pain here and there but will not say they have been abused unless the situation gets worse,” KI, Kampala.

These perceptions were confirmed by urban refugee women.

“It’s true for us those things related to sex are not easily talked about in our area. Rape and defilement are rare back home (Somalia) and if the community gets to know a woman or girl was raped she will be stigmatised,” FGD Women from Somalia in Kampala.

Poverty and desperation has led youth, especially in urban areas, into gambling and criminal acts such as child abuse- which are closely associated with sex work and human trafficking. Business owners sexualise young girls and dress them in revealing clothes so as to attract clients. Super markets are especially known for doing this. Refugees are exploited by the rich. Opportunities are few and they are forced to work at odd hours or do illegal things such as hawking.

“...we also have needs like anyone else... so what do you do? Poverty pushes us into hard choices. What do you do...? We take many risks, sexual risks inclusive.”

SEA thrives on powerlessness, vulnerability and lack of awareness among those affected. To many girls and women, it is the only way out of poverty.

'Someone has promised you a good-life...you can't spoil this by suspecting them and reporting,' Girls FGD, Nakivale.

"Some people look at having sexual relationships with officials or their representatives as an easy way of accessing services. Especially those who want resettlement to another country, they will do everything only later to realize they were sexually exploited and the promises did not materialize. When that happens, they cannot report because if it's reported and investigated both the abuser and the one abused become disqualified from relocation," KI, Kampala.

2.13 Refugee experiences and perception of human trafficking

Human trafficking (HT) is the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.³⁴

Human trafficking is secretive and undocumented and is done for commercial gain or promise a better quality of life. For instance, refugee children are imported into Uganda- lured by the promise of quality education or marriage. HT is also driven by promises of relocation to a third country. Sometimes human trafficking is falsely presented. People sometimes falsely report threats of abductions and kidnaps of children by enemies to gain sympathy of actors such as International Organisation for Migration.

"Some refugees claim that they are in danger. They even claim that their "... children have been abducted for engagement in rebel activities. In some. They have since escaped and are back in the settlement," FGD Men, Juru.

"There is a girl who was taken to Kyegegwa that she was going to enrol in school, but later she was found working in a restaurant and was brought back. But many go and they are not found to bring them back. Others are taken to Kampala for work," KI, Kyaka II.

"In Ngarama, a man was deceived that there was a job in South Sudan but now they are returning his dead body. No one knows what happened," FGD Men, Juru.

"At Kabatamba, there is another person who has been taken somewhere. Up to now there is nothing about him, his wife keeps following the case with HIJRA," FGD Men, Juru.

Poverty, SEA and HT interact, forming a complex web that makes it hard to intervene- especially with a flailing Justice Law and Order (JLOS) system. Therefore, HT is a systemic problem beyond a single intervention. Our attempts to solicit reliable data on the prevalence of HT were not fruitful. Still, even without official statistics, many respondents expressed that HT is real and a threat- especially to urban refugees.

In Nakivale, it was reported that some refugee boys were recruited into rebel activities by traffickers. Some were deceived that they were going to work in sugarcane plantations. These recruitments were orchestrated by employment agents and some unknown persons posing as agents of employers. These victims have not received any legal assistance or follow up.

Victims of HT usually genuinely believe they will get better opportunities. Traffickers are, however, only interested in exploiting them. Traffickers are cunning and it is difficult for desperate refugees to say no to a seemingly kind gesture. The risks involved pale in comparison to the promises traffickers dangle before refugees. By the time the trafficked report or are found, they are either physically weak, sick, their financial resources depleted or are in complex legal dilemma and abandoned by traffickers. Sometimes they lose their lives. HT operates in a high level cartel and perpetrators are usually have a lot of resources and connections.

Part three: Confronting the challenges in current measures, services and safeguards

This chapter is an examination of the reason why SGBV thrives in spite of numerous interventions. It shows how different factors in the domestic and public arena interact to reinforce negative social norms and drive violence against women and children underground.

3.1 Existing measures, services and safe guards

For both transit or reception centres and settlements, there was visible presence of measures and safeguards for dealing with SGBV.³⁵ Reception and integration are systematic. Several partners, under the coordination of OPM, provide services at different levels- at reception centres and in settlements- to deal with various forms of SGBV. However, there are fewer actors in Kampala than in the refugee settlements. The actors by sector are presented in matrix 2.

Matrix 2: Actors and services provided

Service	Settlement Actors	Urban Actors
SGBV case management	UNHCR, UNFPA, Uganda Police Force, DRC, KRC, CARE, LWF, Save the children, HIJRA, OPM, WTI, Nsamizi training institute, Tutapona, ARC, Police, MTI, Plan International, LWF, ACORD, War child Canada, Legal Aid Project, ARC, IRC and District	UNHCR, Uganda Police Force, OPM, WTI, ACTV, Inter Aid, RLP, Legal Aid Project & KCCA HCs
Psychosocial Support	UN WOMEN, UNHCR, UNFPA, ARC, TPO, Tutapona OPM, MTI, HIJRA, ARC, Police and Red Cross, LWF and DRC, CARE , , RLP, IRC, Save The Children	UNHCR, OPM, Police, Red Cross, Inter Aid, ACTV, RLP,
Health care	AHA, Real Medical Foundation, Medical Teams International -MTI, UNHCR, ARC, OPM, Tutapona, WTI, WFP, CARE RLP, IRC, DHS, UNFPA and MSF	UNHCR, Inter Aid, ACTV, RLP & KCCA HCs
Legal services	Refugee law project, Uganda Law Society, Police, FRC DRC, LWF, War child Canada, district probation office, ARC, IRC, HIJRA, UNICEF, CAFOMI, UNFPA,	RLP, Uganda Law Society, JLOS, PWO & Inter Aid
Education support	Windle international, World Vision, Plan International, Inter Aid, Save the children, JRS, NRC, FRC, child safe spaces and early childhood development	Windle international, Inter Aid & JRS
Protection houses	UNHCR, DRC, IRC, HIJRA and LWF	UNHCR & Inter-AID (Medical Hostel)
Tracing and unification of families	Uganda Red Cross society, Save the children, Probation and Welfare department.	URCS
Child Protection	UNICEF, UNHCR, Save the Children, Plan International	Inter-Aid Uganda &

3.2 Prevention and mitigation measures

All settlements have UN, NGO and government services such as police protection, health facilities, psychosocial services, legal services and livelihood support. These actors also built essential community structures such as safe space for women and girls. SGBV information desks and referral pathways are prominently displayed. NGOs and government work together to harmonise the formal SGBV responses and community based initiatives such as Refugee Women Council (RWC) (whose members are elected by the community), community activists, SGBV task forces, CPC and community dialogue. These interventions all combine to prevent SGBV and mitigate its effects.

SASA (Start Awareness Sustain Action) methodology is the most widely used community based approach for SGBV prevention in the refugee context of Uganda. It is used in combination with other approaches such as Engagement of Men in Accountable practices (EMAP), Zero tolerance, Economic and Social Empowerment (\$ASE). It is being adopted for both refugee and host community structures to address root causes of SGBV and influence change in attitudes of the community.

Access and entrance to reception/transit centres is regulated by police guards. The main gate closes at night. There is a police post at each reception centre and security lights throughout the night.

At Nyakabande reception center, there is running water. Refugees are welcomed, sensitized and served hot meals. There is a 24-hour clinic that is well fenced, child friendly center for singing, reading and playing. There is 24-hour power with flood lighting and trucking of water to a safe access point. The systems in place appeared efficient. At Kagoma Reception Centre in Kyangwali and Sweswe Transit Centre in Kyaka II, housing, food, lighting, water and child friendly space services area available and of good quality. Child friendly spaces open between 8.00am and 5.00pm, keeping children safe and allowing enough time for them to access these services.

Unlike other reception centres, Palabek in Lamwo has poorer services. The centre has no fence and gate to regulate entry and exit. There are no education or play facilities for children. Neither are there recreation activities for men, women and youth.

The safe schools approach is being implemented in Nakivale Settlement. This model is built around the active participation of students, teachers and the community. They participate through school debates, music, dance, drama and school clubs- creating awareness on SGBV prevention and reporting. All refugees are registered at reception centres before

resettlement. Families are transported in the same vehicle and children given wrist bands so that they do not get lost.

Boda-Boda riders in Nakivale formed a self-help group, under the name Safe Riders, for reporting suspects of SGBV and SEA. Engaging men in Accountable Practice (EMAP) in Rhino and Yumbe is

another good practice. In Kyaka II, police trained crime preventers who educate communities on SGBV and accompany them to school. This makes children and women feel safe and encourages reporting.

Mobile court sessions have increased access to justice in Nakivale. The mobile court sessions bring services nearer to the people and address logistical challenges of travelling to court to attend a hearing. There are a trained Child Protection Committee (CPC) members and para-social workers in settlements. CPCs comprise both host community members and refugees and are important for awareness creation and community engagement. All districts have referral pathways developed with the support of UN partners and other agencies. At the time of the assessment, most referral pathways needed updating. Others needed replacement. The GBV Information Management Systems (IMS) data is in place to facilitate continuous data collection.

There has been training of duty bearers in districts. For example, community development officers at sub-county level are trained and equipped with knowledge on collecting SGBV data to ensure activation of the national GBV database under the custody of the district Gender Officer. In addition, all districts have a Labour Officer to respond to SEA cases at places of work.

The Probation and Social Welfare Officer handles the reported cases of SGBV and VAC- including court case follow up, tracing and transporting child offenders to remand homes and getting neglected children into foster homes. The police has responded to SGBV cases and made arrests where necessary. Where evidence is deemed adequate, the arrested parties have been charged and committed to court for prosecution.

The Child and Family Protection Unit (CFPU) and partner agencies participate in community outreaches whenever they have the resources. The government has also established a toll-free VAC helpline, Sauti #116, under the Ministry of Gender. A child who reports VAC to the hotline can get immediate help.

In places such as West Nile, there are public health facilities that have clinical officers trained to handle SGBV and VAC cases. The Uganda Police Force often conducts community policing sessions among host and refugee. Partners and stake holders at district level have regular child protection and SGBV coordination meetings. Arua and Yumbe allocated funds in the 2018/19 FY budget to facilitate SGBV and VAC related activities. This has been supported by different partners.

Reception centres are mostly well lit but there are still dark danger spots. The community has information on such dangerous places and the need to take caution. Community led SGBV and VAC prevention interventions are in place. For instance: case workers, CPCs, male and female champions on detection, prevention and response to SGBV and VAC. Partners reported that as a result of these community led structures, there is increase in reported cases. In a few instances, there has been an effort to equip adolescent groups with market and life skills through artisan training. Some of these groups received start-up kits for income generating activities (IGA). This initiative is, however, very limited.

There are health services in settlements. Those who need farther medical help go through a clear and effective referral process. Local health centres offer post exposure prophylaxis (PEP), emergency contraceptives and appropriate medical examination for suspected VAC and SGBV cases. Reception centers have 24 hour medical services, with referral and, in some cases, a standby ambulance or vehicle. Refugees who have just arrived are screened for infectious diseases. Ill people receive first aid. Vulnerable people such as lactating mothers, pregnant women and unaccompanied minors receive special medical attention.

On arrival, males and females are separated and are in most cases provided with gender segregated services such as bathrooms and other sanitary facilities. These services are, however, overstretched whenever there is an influx of refugees coming in at ago. When the holding capacity of reception centres is exceeded, the services do not give effective safeguards and measures against SGBV and VAC.

Partners carry out continuous sensitization, including trainings and capacity building for agency staff, as a means to deal with SGBV among refugees. Simplified IEC material is available and was shared in community and partner led sessions. Under the coordination of UNHCR and OPM, community SGBV and VAC prevention structures and systems are strengthened through regular training. The trainings are usually carried out jointly with diverse community structures to ensure interventions are harmonised.

3.3 SGBV services and challenges in Kampala city

There are several response services in Kampala, including: case management provided by Inter Aid, Refugee Law Project and ACTV. Inter Aid provides Psychosocial support, especially counselling. They also provide legal aid alongside others such as Refugee Law Project and the Uganda Law Society.

Health care is provided by Inter Aid, ACTV, RLP and KCCA health facilities. Education support is provided by Inter Aid and Jesuit Refugee Service. Protection is provided by Inter Aid and OPM through a medical hostel for refugees seeking health care in Kampala.

There are no VAC and SGBV protection houses for refugees in Kampala. Medical hostels therefore also act as temporary shelters for survivors before they are referred to protection houses in rural settlements.

OPM and Inter-aid also facilitate relocation and provide temporary rent support. Inter Aid runs a project as an implementing partner, while other partners have their own operations and run services for the general public- including refugees. The medical hostel and community structures under Inter-Aid Uganda are funded by UNHCR. SGBV volunteers work with Local Councils. There are support groups for SGBV male survivors and a Community Centre for skills training. Still, SGBV specific services are very limited in Kampala and not integrated.

The UNHCR and partners have initiated a number of SGBV response, mitigation and prevention

strategies at individual, community and national levels. These are summarised in **Matrix 3** below:

Level of intervention	Response	Mitigation	Prevention
Individual	<ul style="list-style-type: none"> ☑ Case management system ☑ Referral pathways ☑ Psychosocial support ☑ SGBV shelters/ protection houses for SGBV survivors ☑ Safe spaces for children ☑ GBV hotlines ☑ Sensitization on SGBV and availability of services ☑ Material and cash-based assistance to survivors ☑ Technical assistance to service providers, including police, HWs, on SGBV minimum standards and guiding principles 	<ul style="list-style-type: none"> ☑ Safe shelter support ☑ Material assistance and livelihood programmes targeting women at risk ☑ Existence of police at reception centres & in settlements ☑ Support to Police in the settlement by constructing police posts, providing vehicles & covering fuel costs ☑ Installation of solar street lights in dark spots ☑ Awareness raising sessions targeted for both women and girls, to promote their safety and security 	<ul style="list-style-type: none"> ☑ Awareness creation through IEC materials and Behaviour Change Communication ☑ Provision of life skills training
Community	<ul style="list-style-type: none"> ☑ SGBV community based structure e.g. RWC, SGBV task force, Child protection committees and other community resource persons e.g. community activist, men engagement groups and peer support groups ☑ Awareness raising on SGBV and availability of services ☑ Sector synergy through SGBV Cases Conferences, where partners discuss complex cases that require joint solutions ☑ Feedback mechanisms in place, including complaint boxes in settlements and hotlines to report incidents of SGBV 	<ul style="list-style-type: none"> ☑ Service provision to reduce susceptibility to SGBV eg street lights and basic needs provision ☑ Community watch groups and peer support networks ☑ Awareness raising sessions targeted for both women and girls, to promote their safety and security 	<ul style="list-style-type: none"> ☑ Awareness creation through IEC materials and BCC ☑ Capacity building of community structures ☑ Neighborhood watch groups ☑ GBV clubs in primary and secondary schools
National	<ul style="list-style-type: none"> • Sector synergy through SGBV WGs • Technical support for SGBV actors • Capacity-building for service providers 	<ul style="list-style-type: none"> • Documentation and validation among refugees 	<ul style="list-style-type: none"> • Support to national strategies to deal with SGBV

Note: Some mitigation measures and services are both at individual and community level. In addition, prevention and mitigation measures were not exclusive.

3.4 why SGBV and VAC persist despite services, measures and safeguards

3.4.1. Traditional versus formal justice systems

Despite efforts to combat SGBV, some setbacks to identification, prevention and response persist. Respondents expressed apathy towards the formal justice systems. Most refugees do not think the justice system in Uganda is applicable to them. In some cases, they do not know about the services that they are entitled to. To them, the traditional systems that offer more immediate relief such as compensation by the offenders, is a preferred alternative.

Besides, pursuing justice involves direct and indirect costs- including meals, transport and accommodation- that refugees who are struggling to survive on meagre resources cannot meet. Weak institutions within the Justice, Law and Order Sector-especially in investigations and prosecution- sometimes do not meet the expectations of refugees. After refugees have been encouraged to report through vigorous awareness raising by UNHCR and partners, they meet with a system where cases take too long, evidence is sometimes distorted and the entire process is prohibitively expensive. The result is that families of survivors prefer to settle cases of SGBV by seeking compensation from offenders, especially where offenders have the money. This compensation does not translate into justice for the survivor as, usually, the money goes to other people. It is only when SGBV is fatal that it is unanimously decried and publicized.

Refugees, especially South Sudanese hold on to feuds from back home, some of them spanning generations. People, especially nationals, are reluctant to intervene or report when there is a feud. There are cases of refugees attacking nationals for helping someone from a rival ethnicity. These ethnic and historical nuances complicate and blur people's understanding of SGBV. It further makes them more unlikely to absorb positive messages on SGBV and act on them.

People also fear to report because of the threat of further violence, death and burning property belonging to witnesses. The situation is compounded by delays and incompetence in the justice system. Files getting lost is common place. In Rhino camp, one Key Informant remarked:

"...where have all the files gone? Something is wrong..."

Another KI in Adjumani added:

"...refugees are used to solving issues there and then. So when one is arrested and released on police bond they say our Ugandan system does not work..."

Police bond and delayed punishment is perceived as aiding crime. Refugees want instant and public punishment as is the case in their countries of origin. They do not understand due process and the rights of the accused person.

SGBV and VAC therefore thrive on negative social norms that permeate the justice system. There are variations in refugees' understanding of power, masculinity, sexuality, childhood and rights. Most of them come from a culture that normalises VAC and SGBV, making the vices persist in spite of efforts to create an effective justice system and effect behavioural change.

3.4.2 Known and powerful perpetrators intimidate survivors

When a perpetrator is well known to the survivor, it is difficult for him or her to report. This is especially true if the perpetrator is in a position of authority or has primary care and responsibility toward the survivor. In cases involving nationals, refugees deemed it difficult to report the case because they believe nationals, like is the case in their countries of origin, will be favoured over refugees. The belief is that that a refugee cannot a case against a national.

"...they will defeat you with their own laws...they could attack all of us...they may send us away...leave them alone," KI, Nakivale

"We do not feel respected. We are protected by God, because we go out to fetch water in long distances where boys and men hit on us every day. Each time we come back home safe, we are relieved. We are not safe at all," Women FGD, Nakivale.

"Some nationals target us because we are refugees. When you are looking for land they will give you the land, but after one season they tell you they want their land back...and you have nothing to do. We feel they use us to clear bushes for them," Women FGD, Ayilo II.

Women in Kampala report being taken advantage of by landlords when they cannot afford rent.

"For us rent is a challenge. Some landlords keep increasing rent and they say if you cannot, then pay money pay in kind (meaning have sex with him)," (FGD Women, Kampala)"

Refugees seem resigned to being treated unfairly. In some cases, especially in urban centres, when anything goes wrong, refugees are blamed. From sickness to theft, people would blame it on "those foreigners". Refugees have internalised the injustices and negative stereotypes against them and feel that they are not entitled to the same legal redress as nationals.

The numerous awareness campaigns have not adequately dealt with refugees' fears. In fact, elders, who are very authoritative and highly regarded, discourage what they consider "over reporting" in order to preserve "peace".

3.4.3 Poverty pertuates SGBV and cripples justice

In Kyaka II, Kyangwali, Ayilo, Nakivale and Rhino Camp settlements, the continued arrival of new refugees has meant reduction in land that was originally available for farming. Reduction of land in some instances had led to hostilities between new and old refugees. As a result, most people survive on food rations or what they buy using cash grants. Attempts to find employment to earn more income are unsuccessful for most refugees. Idle men and boys have resorted to alcohol consumption and some women and girls to transactional sex, further fostering SGBV.

In Kyangwali, some women engage in buying and selling of fish from the lakeshore. This meant that women went to or left the lake early in the morning or late in the evening, coinciding with the schedules of fishermen and exposing them to SGBV. General poverty, lack of livelihood, alcohol abuse and deprivation brought about frustration and led to SGBV and VAC but also hindered the effectiveness of existing measures and safeguards in all study settings.

"What causes domestic violence is poverty. A frustrated man who cannot provide for his family due to lack of resources will end up beating the wife and children ... so we need to invest more in supporting livelihood programmes," KI CSO Adjumani.

"The land allocated to us is small. It's only enough for a house and a toilet. What can we do on that land? They had promised to give us land for farming but up to now we have not been given... We rely on the food from World Food Programme and when it is finished we look at each other. You ask the man to bring something but when he does not have money it turns into a quarrel and if he is drunk he can even beat you. But if we had land we would grow our own food to feed our children," FGD women Palabek.

The inability to meet basic needs makes individuals and families, especially child and female headed households, vulnerable to SGBV. Yet, interventions to address livelihood concerns of refugees are limited- especially in Kampala

Most refuge who suffer SGBV do not seek redress because they lack the means to initiate and sustain a case against often powerful perpetrators. They also fear the consequences of reporting in the midst of poverty and fragile livelihoods. This is especially the case if the perpetrator is a bread winner. When days, months or even years of pursuing a case- including medical examinations, catering for meals, transport and accommodation and always being available to go to court- are weighed against keeping quiet and continuing with 'normal life', most choose silence. Justice is only for the well off or those who have access to legal aid.

Partners serving refugees do not seem to appreciate the way in which the reality of poverty among refugees stands in the way of accessing justice and support for SGBV survivors. Refugees settle cases out of court not only because of social pressure but also because they genuinely cannot afford to go through the cumbersome and expensive process of pursuing justice.

“Poverty is the problem because when violence happens to you, you can follow up to police but without money the case will not be followed up. Police will ask for money to arrest, fuel for motorcycles and sometimes they are given money not to help you. If you have money everyone will listen to you,” Women FGD, Nakivale.

“When you report a case you need a letter from the chairman and defence. Each needs 5000 shillings. Police will also need 50,000/- to investigate, arrest and transport suspects. So if you have no money, no service. This discourages us from reporting.” FGD Women, Kyaka II.

Poverty and stigma combine with corruption to further limit survivor’s access to justice.

“We do not report because we know police will not investigate. The chairman will say I want money to give you a letter... who are you not to pay? So you weigh before you report. If you can afford you go ahead but most people do not have the money to pay,” FGD women Kampala.

Informal charges as a barrier to SGBV reporting was acknowledged by key informants across all study sites. Interviews with police officers revealed that while implementing partners together with UNHCR provided fuel for effective service delivery, it is inadequate. Some police officers say they at times use their own resources to conduct police work.

In addition, refugees and host communities struggle for resources and this sometimes results into violence- with women and children being targeted. Eventhough host communities generally accommodate and accept refugees, scarcity of resources such as water, firewood, pasture and land is a source of tension. In addition, nationals feel left out when services are provided to refugees. This was worse by the fact that some nationals are, like refugees, poor and vulnerable. There are not enough peace building activities to bring refugees and nationals together.

3.4.4 SGBV considered tolerable after conflict

The continued exposure of refugees to the adverse effects of protracted conflicts has made violence and its consequences mundane. Refugees have witnessed the destruction of property, experienced torture and other forms of violence. Maiming, rape and defilement has been used to quell resistance and instilling fear. Therefore, for a survivor, any form of resistance or confrontation is not an option. Such experiences have ‘normalised’ human misery.

For refugees that have experienced so much emotional and physical trauma, SGBV incidents, especially those deemed to not be life threatening, are viewed as lesser evils and are acceptable. SGBV is considered bearable compared to what was experienced during the conflict and subsequent flight. Post traumatic experiences has caused some refugees to downplay SGBV. For those that do not receive support, the emotional effects of their violation are as debilitating as their physical injuries.

3.4.5 The complexities of disclosure

The main reasons for disclosure could be classified as follows: motivation to receive support (financial, material, moral and emotional), relationship ties, to explain sudden change in behaviour or appearance and to promote HIV prevention or protect others from HIV in case of sexual violence. The reasons for disclosure differ depending on one's socio-economic status.

Disclosure that is motivated by the desire to gain support is mostly to family members. The family is essential in offering support and providing a safety net for survivors, especially considering the limited reach of formal protection mechanisms. Among more closed communities such as Burundians, Rwandans, Somalis and Ethiopians, disclosure is quite unlikely.

Promotion of HIV prevention by actors has also helped improve SGBV disclosure. Disclosure of SGBV occurrence to partners was associated with protecting loved ones, especially those who may not already be infected with HIV. It also arose from the need for the spouse to be there to look after the children and assets in case the disclosing party dies.

The common reason for nondisclosure is the fear of blame, judgment, abandonment and stigma. In a foreign country, refugees are terrified of family rejection. Women and children fear being abandoned and losing economic and social support. Survivors who report fear being denied access to family resources once they return home to their patriarchal societies.

Women also fear being divorced or abandoned for other women and the threat that a perpetrating spouse might demand a return of bride price. Non-reporting of intimate partner violence, including SGBV, is sometimes in the hope that "*the man will one day change!*". Even when the man does not change, many women have seen or heard of other women endure SGBV. The socialization process in countries of origin has taught children, girls and women to bear SGBV while men are socialized to perpetrate it on those they considered 'legitimate' targets- children, women, boys and men without power.

The toll free child helpline that people could use to anonymously report VAC is not fully utilised because most people are illiterate and do not know how to use the helpline. Sometimes, calls go unanswered. Settlements have SGBV hotlines where one can flash and a call back. Limited knowledge of these calls and language barrier all help in maintaining silence on SGBV and VAC.

3.5. Sector specific Challenges and Gaps in Measures, Services and Safeguards

3.5.1 Protection challenges

Protection services (protection of life, liberty access to basic rights, and dignity of the person) are a cornerstone of an effective refugee response. An effective protection mechanism depends on functional social service delivery, including shelter, Water, Sanitation and Hygiene, Education, Livelihoods and JLOS. In settlements and in Kampala, gaps are evident in all social services and this has weakened protection.

The widespread poverty makes protection a preserve for a few. In addition, community structures are few, lack motivation and empowerment. They also suffered from high turnover as most trained community SGBV and CP resource persons return to their home countries whenever there are spells of peace. Training must therefore be continuous..

Protection is complicated by the use of traditional courts, elders and justice systems which offer a different justice approach from that prescribed under Ugandan laws. Violence is concealed in the name of national and cultural sentiments. In some instances, the formal justice system staff are referred to as 'outsiders' who do not deserve to be told issues which can best be handled by 'insiders'- the traditional courts and elders. This is made worse by the low capacity of police and other JLOS actors and the lack of medical equipment and supplies.

3.5.2 Response challenges

Having effective SGBV response services mitigates the negative effects of SGBV by restoring the dignity and rights of individuals, households and communities. It also builds trust and encourages reporting. Effective responses also build resilience among stakeholders- especially survivors and community based organizations. Thus an effective response framework reinforces prevention of SGBV and VAC.

Yet, there is inadequate help for SGBV survivors in the areas of livelihood, health and psychosocial support. The inadequate response is also linked to the cumbersome, lengthy and costly justice procedures. Survivors also fear that there is not enough privacy and confidentiality.

Agencies sometimes try to impress their donors and compete for visibility at the expense of a quality and relevant response. For instance, refusal to take up joint activities such as joint reviews and case management. There was thus less impact than would have been if the response was more harmonised. Parochial interests affect overall sector coordination, quality of services and sustainability.

Other challenges relate to the inadequacy of women protection houses, illiteracy and poverty leading to negation and concealment of SGBV and VAC. In all study areas, men and boys felt left out while women and girls were considered favoured in service settings. As such, men and boys rarely sought SGBV and VAC services. This neglect of men and boys at programming represents a missed opportunity to support male survivors to heal and rebuild their lives but also to engage men and boys as change agents for SGBV prevention.

Despite efforts by all actors, SGBV services are not yet adequate, mainly due to the inadequate funding and low capacity of service providers. Even where services exist, they are not always free. There are hidden costs. Some health care waiting places are open and one is expected to hint on why they are seeking care. This lack of confidentiality led to SGBV victims concealing their ordeal altogether or choosing not to get services. An SGBV survivor is, for instance, required to fill medical examination forms, testify and go through the entire legal process in spite of a lifetime of being socialised to stay silent.

3.5.3 Health sector challenges:

There are frequent stock-outs of medicines especially emergency contraception and Post Exposure Prophylaxis, supplies and consumables. This is mostly because of procurement delays.

Health Centres are under staffed. Understaffing was another health sector challenge. In Nakivale, for example, the staff patient ratio is 1:100 instead of the recommended 1:25. Language barrier means refugees cannot sometimes communicate their ailments. Indeed, all agencies involved in the study reported having few staff as a major challenge to effective delivery of SGBV and VAC service delivery.

"Congolese refugees are the ones who are most at risk because of the communication barrier, support providers do not offer us services. Either they say that they do not ever understand Swahili. We also do not know English, especially at health centers. Therefore support providers intimidate us," FGD Men Juru.

In some settlements like Ayilo II, SGBV survivors were referred for examination and care to a health facility in another settlement- which was inconveniencing and costly.

3.5.4 Education sector challenges

While there are some initiatives to provide education to refugee children, these interventions mainly focus on providing primary education. There are very few post-primary education initiatives in all settlements and Kampala. Where schools are present, they are few, congested, and far and have a high pupil teacher ratio. This leaves learners demotivated and affects retention and progression. School based SGBV and VAC awareness sessions are irregular. Children who are not in school are often not reach by VAC messages.

Rubondo in Nakivale is one of the places with the highest teacher pupil ratio. It is also an SGBV hot spot, highlighting the link between low education and tolerance of violence. On the whole, there were limited opportunities for post-primary education in all settlements and in Kampala.

Nakivale has one secondary school teaching only up to Senior Four. In Palabek, there is no technical school or secondary school beyond Senior Four. A shortage of secondary and vocational schools common reality in all settlements where this assessment was carried out.

There are few scholarships for post-secondary education. In Adjumani, none of the refugee candidates who sat for Primary Seven received support to move on to Senior One. The lack of a clear path to progress in education demotivates parents and fortifies their belief that investing in education is useless. These parents would rather encourage their children to get married or pursue other livelihood alternatives.

The lack of post primary education services is a programming challenge- UNHCR and partners, too, give priority to primary education. For instance, in Palabek three primary schools and one secondary school have been constructed in one year. In Adjumani about 80% of the primary going refugee children are estimated to be in school compared to only about 11% of their secondary school counterparts.

While primary education is the foundation for further education, real dividends of education- including influencing behaviour change, maternal and child health practices as well as skills for gainful employment- are attained beyond primary school. Other education challenges include: Few or no Early Childhood Development facilities or Child Friendly Spaces, lack of accelerated learning in most areas where children had missed many years of education. Language barrier especially for South Sudanese and Congolese refugees that use Arabic and French respectively.

3.5.5 JLOS challenges

Refugees are under the protection of the Government of Uganda under the JLOS sector and UN Protection Mandate through UNHCR. JLOS actors are, however, under facilitated and understaffed in sectors such as police and child and family protection. They do not have the resources to reach traverse the entire district and refugee settlements for effective prevention and response to SGBV, SEA and VAC. This capacity challenge is country wide. This is made worse by the fact that the Refugee Act 2006 is silent on the role of Local Governments in the welfare of the refugee population.

The lack of vital documents such as birth and marriage certificates, especially for new comers and those born outside the country are a major setback in the judicial process. Most countries of origin do not have effective registration processes. Even where documents are available, refugees may not have been able to flee with these documents. This makes age verification, which is important in defilement cases and other offenses against children, very difficult. the flight conditions did not allow moving with such documents which makes birth and age verification challenging.

The lack of follow up and the long periods of litigation also discourages reporting. Participants have experience corruption from JLOS actors, especially the police. As much as justice, law and order services are available and free, they were not always accessible or indeed free- especially for those travelling long distances. The long duration of getting justice is a demotivation in the quest for justice. The situation compounded by language barrier, low literacy rates and poverty.

Traditional courts, specifically among South Sudan refugees in Adjumani, Moyo, Arua and Yumbe Districts, are a major hindrance to identification, reporting and referral of SGBV cases. These are preferred to the formal justice system for offering quick and often public judgement and punishment of offenders. Even when cases have been reported, elders pressurize witnesses and families of survivors to withdraw. This is further exacerbated by gaps in law enforcement and justice systems.

"Traditional courts and elders among South Sudan refugees have more powers than government. What they say people follow. If they say this case should not be taken to police, people will listen. They will convene, judge a case and punish the offender with canes or fines and the case will be closed. Their powers need to be curtailed. They handle and influence all cases. At the end of it all the survivor is under a lot of pressure and will not get help. He or she suffers. These courts work behind the scenes, but they are very powerful and frustrate our efforts in addressing SGBV and VAC. The OPM needs to reduce their powers," KI Adjumani.

In addition, the hidden costs of seeking justice also discouraged reporting of SGBV and VAC cases. This is closely associated with poverty, illiteracy and alcoholism.

Some women value their relationships more than getting justice. In such a context, most elders and cultural systems are hostile to SGBV prevention activities which they viewed as 'anti-culture' and aiming at making women 'rule' men. For settlements near the border, especially in West Nile, this presented a cross border SGBV challenge especially in terms of effective prosecution. SGBV perpetrators usually escape and evaded justice across the porous borders. Some perpetrators find their way to Kampala where they disappeared in the urban maze.

Besides, there is nation-wide chronic understaffing of the Uganda police and this affects service delivery. It stands in the way of effective timely arrests of suspects, investigation, community engagement on SGBV and VAC prevention, data handling, recording and storing. Some police officers always lack transport while others do not understand fully SGBV, SEA, HT and VAC issues. In all settlements, police staff are few and most police posts do not have officers trained in child and family protection. Efforts by implementing partners to train police officers in handling SGBV and VAC among refugees are hindered by frequent transfers of the trained police officers.

"The police post has few staff and it lacks a permanent cell. One-time suspects who were arrested escaped. There is no vehicle for police so they rely on partners, yet as you have seen all partners do not reside near the settlement. They all come from Kotido. So when it comes to 4.00 pm all go back. When there is emergency in the evening or at night police, cannot reach the settlement. When the police need a vehicle during the day, most partners are busy. They have other programmes to implement," KI Palabek Lamwo.

"We are few staff (only 19) to provide services to the settlement and host community with many activities such as support food distribution, provide security at the reception centre, investigate cases, arrest suspects ...we have a car and UNHCR supported us with some motorcycles- only that fuel is not enough to do outreaches and patrol the settlement for SGBV or other crime prevention. We are supposed to patrol the settlement, but we don't do this regularly because of those challenges. We do not have anyone trained in child and family protection and only 2/19 staff are women. Yet most of the cases involve children and women... Staff lack accommodation many have to share which is not good. So we try to do what we can," KI Police Kyaka II.

These constraints limit the effectiveness of police and other JLOS actors in prevention and response to SGBV and VAC.

3. 6 Limited capacity of SGBV partner agencies and community structures

There are knowledge gaps among some newly recruited district staff, especially in the Community Based Services (CBS) departments, on SGBV and VAC related issues and regarding detection, prevention and response. This was a human resource and capacity gap.

Staff of agencies across all study sites reported knowledge and skill gaps in SGBV and VAC Case Management. Many are specifically uncomfortable and not skilled to handle children, men, adolescents (boys and girls), persons with disabilities and the elderly. Services for Lesbian, Gay, Bisexual and Intersex (LGBTI) refugees are found only in Kampala. Service providers expressed difficulty in meeting LGBTI needs.

In addition, most service points have inadequate spaces for counselling and lack specialised staff trained in providing psychosocial services for severely traumatised refugees.

Frequent staff turnover among agencies involved in the refugee response compounded the limited knowledge and skill capacities.

"Staff turnover among agencies is too high. We train staff but they leave and look for greener pastures. People use the experience as a stepping stone to get better paying jobs in Child Protection, Health and SGBV," KI, Adjumani.

Community outreach services for awareness about SGBV and VAC case identification and management are irregular due to lack of resources. As a result, those who cannot access fixed services are excluded. It is only in Nakivale where there are ongoing community outreach services, with UNHCR and partners having decentralised service points across sub camp zonal offices. In other settlements and Kampala, most survivors attended to are walk-in clients. Some are referred by community resource persons. As a result, service providers realise the cases handled were far less than the cases out there.

Community based structures (SGBV volunteers, RWCs, CPCs) lack capacity. As a result, there is limited awareness on SGBV and VAC prevention. There is also limited awareness about referral pathways and community structures that serve as first points of call in case of SGBV. This also affects the referral process where survivors need specialized care. While community structures had been trained, they expressed a need for refresher training and continued follow up support from implementing partners.

3.7 Gaps in behavior change for communication and Referral Pathways

There are numerous activities aimed at behaviour change communication and transformation- for instance, creation of IEC material, community dialogues, drama, SASA, Engaging Men through Accountable Practices, male action groups and meetings. However, these behavioral change activities are not embedded in the comprehensive approach to address core drivers of SGBV and VAC. Neither are they informed by the survival concerns and needs of refugees. The constant influx of refugees strains available resources and makes continuous behavior change communication a necessity.

Referral pathways for SGBV and VAC are critical for providing information on prevention and availability of services for effective care and support. Yet, in most study areas referral pathways are outdated- in some cases referring to partners that closed. Referral pathways are mostly written in English. Some are faded and lack illustrations, making them inaccessible for refugees

with low literacy levels. The process of updating referral pathways was ongoing in all study areas during the time of this research. This process these should be urgently completed. Clear referral pathways should be displayed and explained to beneficiaries to enable SGBV prevention and support.

3.8 Coordination challenges

Although there is an array of SGBV actors, including the UN, international organizations, national organizations and local organizations, they are not well coordinated. Actors sometimes align activities according to funding opportunities rather the needs of refugees. There is duplication of activities and a lack of synergy among actors.

While collaboration between the OPM as the lead Government agency and the UNHCR is strategic and functional, collaboration with district local governments, other government ministries, departments and agencies is weak or non-existent. Local Governments, who are the main duty bearers (in education, health, infrastructure, livelihood, water and sanitation and JLOS) are sometimes sidelined in preference for national level actors.

Consequently, the involvement of most district officials in SGBV interventions is limited to attending celebrations of national and international events such as International Women's Day, the day of the African Child, the World Refugee Day. Occasionally, they are invited by implementing partners to follow up specific cases. The SGBV prevention and response is incomplete without local actors.

Some district officials point out that collaboration between agencies in the refugee response in most areas is limited. The exception is Arua and Adjumani where all the actors have signed MOUs with the district and districts host some SGBV working group meetings. Collaboration is therefore possible and makes SGBV interventions more efficient.

3.9 Short project implementation cycles

This is a cross cutting challenge in all study areas. Many actors implement projects ranging from 3-12 months. This causes confusion in programming among actors and in target communities. The impact of short-term interventions regarding SGBV and VAC prevention and response is questionable. At the time of the study, several programmes had phased out and many more had just a few months to close. For instance, ARC which had a presence in Juru and Nakivale had ceased operations. In Kyaka II, interventions by ACORD and Oxfam were ending in July 2018. In Adjumani, interventions by ACORD- with support from UNFPA- had just ended. One respondent voiced this challenge thus:

"...here in Juru, we seem to be left behind. We don't have even a youth centre and we lack focal points for SGBV and VAC in our area. ARC provided a toll free number which was used and you could report easily"

"For one-year projects we can take up to 6 months doing only paper work and

implement for three months and close. The moment is very short, it's just like a moment. We don't know what sometimes motivates donors to sanction such interventions," KI Partner, Rhino.

"Some organisations come for a few months. When people are starting to understand what they do, they leave. Like now we had Oxfam which was helping in educating community members about SGBV but it has left," KI Community leader Kyaka II.

Some actors attributed the challenge of 'short-termism' of interventions to donors- including UNHCR, UN Women and UNFPA- who provide funds for limited time. UNHCR was also criticised for changing implementing partners frequently, which results in service delivery distortions.

Case Study 3: UN should give adequate time for implementation

"UNHCR also has a challenge. It gives partners funding for short periods and some for three months only. How much can you do in that time? Before you reach all places for community members to know you, the months have ended. It changes implementing partners every year. Last year in Palabek we had AVISI as the lead implementing partner, this year it changed to ARC. For child protection, we had AVISI as implementing partner earlier but now it's LWF. Transition is difficult. Most agencies recruit new staff who need time to adjust. Preparation and staff settling in and understanding the refugee setup takes about 6 months. When you add the paper work involved, very few months remain for real implementation. Partners, including UN agencies, need to revisit their plans. They should give adequate time for project implementation and one partner should have like 3-5 years with contracts renewed annually based on performance to reduce on the confusion," KI Palabek Settlement.

3.10 Irregular supply of food and non- food items

For those absent, no other person is allowed to collect their food even when they presented the documentation. Those who miss food must find other means of feeding until the following month when rations are given out. Also, food rations have in some places have been reduced from 3 Kgs to 1.5 Kgs of grain per person, especially in Nakivale and Adjumani. Across most settlements, each household was allocated a 30 by 30 meter plot which could not enable families to grow enough food to supplement the food rations they received. This situation usually leads to SGBV and creates fear, mistrust and competition over food. Because of fear of missing food, children skip school. Refugees are forced to work near the settlement or opt not to work altogether. The situation is made worse by the fact that refugees do not have enough land to grow food and supplement the food rations.

There are some forms of violence related to the unresponsive supply chain. In most settlements, complaints about delays in distribution of NFIs- especially in Nyakabande, Palabek and Kyaka II- resulted in delays at reception centres. Participants complained about the quality of supplies such as blankets, mattresses and sanitary pads not being suitable for the purposes they were meant for. It is sometimes difficult to access these food items. Refugees have to line up at distribution

points where the weak are squeezed out and strong people receive services first. This life of lack and indignity creates a general air of frustration and powerlessness that enables SGBV and VAC to thrive.

3.11 Non-functional alternative care arrangements

Although kinship and alternative care were the overarching models for care of vulnerable children, it has many limitations- including limited support for the foster family in terms of food and non-food items, guidance and counselling, education support and housing. As a result, such children are exposed to child labour, psychological abuse, physical assault and neglect.

Among refugees, the foster care model is also not well known and appreciated. Partners need to take cognizance of this. The foster and kinship care does not always offer the desired child care and protection within the already constrained refugee setting. There is need for due diligence in ascertaining relationship claims and ensuring provision of adequate support for the household. Close monitoring and supervision, in addition to mentoring in child care and parenting practices are key in order to avoid making vulnerable children prone to more risk of VAC.

Part four: Towards solutions relevant to the challenges and realities of refugees

4.1 Conclusion and recommendations

The plight of refugees and their susceptibility to SGBV and VAC is related to a number of personal, structural and environmental factors that compromise their agency as individuals. SGBV, including VAC, SEA and human trafficking, are prevalent yet under-reported. Barriers to effectively addressing SGBV exists in homes and in the public sphere. The understanding of these intersections between the public and private is critical in designing and implementing lasting solutions to SGBV.

Support sustainable livelihoods for self-reliance at individual, household and community level. This will enable people meet basic needs and live beyond relief, fostering self-reliance and development. Livelihood interventions targeting the youth should be prioritised. Secure livelihoods are a buffer against the effects of SGBV. If refugees- especially women- exit poverty, will be more able to speak up against abuse.

Advocate for and strengthen provision of SGBV comprehensive packages for survivors in Kampala who are highly vulnerable to SGBV. Urban refugees, unlike their rural counterparts, are excluded from the structured responses to refugee issues. The assumption is that they able to sustain themselves and this influences policies to exclude them. The reality, however, is that they too struggle with poverty and SGBV but do not have the support they need.

The supply chains for food and non-food items should be strengthened and aligned to meet the needs of refugees in real time and avoid stock outs. Supplies should be of good quality. Refugees should be quickly taken out of reception centres and resettled to avoid straining the protection services.

Strengthen the engagement of men and boys in productive activities and in SGBV prevention and response activities and campaigns. Such interventions should be cognisant of the unique challenges and concerns of men and boys in accessing psychosocial services and the forms of SGBV they face. Male engagement should also focus on sensitization and prevention of alcohol and other substance abuse and the promotion of progressive gender norm.

Actors should provide and support socio-economic infrastructure to enable viable livelihoods. Socio-economic infrastructure such as schools, functional health facilities, and safe spaces for children, women, adolescents and youth protect against SGBV while also empowering individuals, households and communities to address vulnerabilities exacerbated by conflict and displacement.

Support school access, retention and progression. Build more schools and improve the quality of existing one. Address inadequate sanitation facilities, congestion, poor staffing, inadequate instruction materials and the absence of provisions for special needs children. Invest more in post-primary education, including Vocational Skills Training for skill formation and self-reliance. This is key in making the refugee response meet current and future individual and societal needs- including re-building their home countries.

Provide and increase safe spaces for children and ECD centres in all settlements. In addition, increase protection houses for children, women and girls, men and boys who have faced violence. These facilities should serve as entry points for protection, identification, case management and prevention of SGBV. Integrate routine screening for SGBV and VAC in all health and community services for better detection, prevention and referral.

Strengthen mental health and psychosocial support interventions in refugee settlements to address the deep-rooted mental health and trauma effects resulting from witnessing or experiencing traumatic events during transit and in displacement. There's further need to recruit adequate specialized mental health staff to address the mental health needs of refugees. Explore the possibility of using a community-based mental health and psycho-social support models.

Train all staff of agencies in GBV screening and provide basic psychosocial services to facilitate early identification and management of SGBV and VAC in different sub-population groups – women, men, youth and children.

Increase support and monitoring of unaccompanied children in foster care arrangements to minimise exposure to harmful behaviours such being beaten or the denial of necessities.

Strengthen the capacity of JLOS actors- especially police- in apprehending perpetrators and trying them in a transparent and timely manner. Justice should be done and seen to be done. It should also be timely. Scale-up use of mobile courts. Provide infrastructure and capacity building for handling minors in conflict with the law and survivors of SGBV and VAC. Confront corruption, especially among police officers, in the sector.

Strengthen partnerships with community structures such as RWC, CPC, SGBV task forces, religious leaders, elders (including traditional justice structures) in SGBV prevention and response. Partner with them in detection, prevention and response to SGBV and VAC.

Increase the number of volunteers and facilitate linkages with formal structures for referrals and follow-up support.

Simplify and popularise referral pathways for SGBV and VAC across all Refugee settlements.

Improve effectiveness of helpline services, including awareness about this service, addressing the language barrier and integrating all existing SGBV and VAC helplines.

Train community resource persons (both social welfare workforce, health, police, justice and health care) and emphasise the need for professional conduct. This includes strict observance of confidentiality, being non-judgemental, referral and proper documentation.

Conduct continuous awareness raising on human trafficking, sexual exploitation and abuse and reporting mechanisms. This should be through Information, Education and Communication (IEC) campaigns, community dialogue meetings and integrate such information in all engagements with refugees, agency staff and their representatives. Those at risk and survivors of SEA, SGBV and human trafficking should be linked to sustainable livelihood interventions.

Support peace building activities between host community and refugees to mitigate conflicts and tensions arising from common resource use- especially food, fuel, land and water sources. Mitigate the environmental impact of refugees by promoting renewable energy and environmental conservation. This will mitigate host-refugee conflict that sometimes becomes SGBV.

Strengthen community outreach services for SGBV and VAC case identification and management. This way, services will reach those who cannot afford stationary services among refugees and host communities.

Increase implementation periods for better results. In addition, it is important for donors and partners to provide resources and interventions to address SGBV and VAC beyond the emergency phase. Joint programming can help address resource gaps, building on synergies and maximise skills.

Improve coordination and complementarity between organizations handling SGBV/VAC such as local governments for synergy building, continuity and sustainability. Linkages between agencies involved in the refugee response with the community-based services department at district level should be established or strengthened. At national level, collaboration with key ministries such as local government, gender labour and social development, health, education and agriculture is critical beyond the OPM.

Reception centre recommendations

Decongest reception centres and increase capacity to accommodate newly arriving refugees in adequate conditions in line with established standards. This however, has resource implications. Address the WASH challenges, inadequate lighting, delays in registration and relocation.

Provide or increase recreational space and activities such as child friendly spaces, sports, education and entertainment; as well as providing time for SEA, human trafficking, and SGBV and VAC talks and awareness creation.

Improve safety and other services for Palabek reception centre. Fencing the centre, ensuring there is a lockable gate with onsite police and guards are some of the urgent actions needed.

These findings and recommendations need to be reflected upon and inform the revision of the national SGBV strategic plan and developing that for children. Each actor should identify and adapt these findings to their sector.

Donors should increase funding and deliver on their promises to meet development needs that serve both refugees and the host communities

Design and implement specific interventions tailored to the vulnerabilities of urban refugees

Further inquiry is needed to understand livelihood needs and appropriate interventions by area and refugee population.

A survey to document the magnitude of SGBV and VAC among refugees as well the challenges in foster care arrangements for refugee children is necessary.

Endnotes

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26. Rape in Uganda is defined as nonconsensual sex with an adult (See Penal Code Act Cap 120).
27. Since minors (people under 18 years) cannot consent, all sexual activity with them is defilement. See Penal Code Act Section 129 of the Penal Code Act 2007
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35. OPM coordinates all partners and services

ANNEXES

Data collection tools

Key Informant Interview (KII) Guide for the Joint Assessment on Measures, Services and Safeguards for the Protection of Women and Children in Uganda June-August 2018

Consent Form

Hello, my name is.....We are part of a team from Agency for Capacity Building (ACB) Ltd conducting an Interagency assessment facilitated on behalf of the United Nations High Commission for Refugees (UNHCR) and other partner agencies. We are talking to community members and those involved in the response that relate to sexual gender-based violence and related services for prevention and response in your area. The information provided in this study will help organizations to strengthen services for the protection of women, men and children in refugee settings in Uganda. The interview will take between 45-60 minutes of your time.

We shall not use the information you give to disclose your identify. This interview is confidential, and your name and other personal identifiers will not be used in writing the report. Your participation is purely voluntary. You have a right to withdraw from the study any time without any consequences. You're simply asked to volunteer the information out of goodwill. We would very much appreciate your participation in this exercise since your views are important to guide interventions to improve the protection of women, men and children. There are no right and wrong answers, and this is not aimed at judging you.

Do you have any questions/Concerns at this point? (Respond to questions/concerns).

Are you willing to take part in this discussion? If yes, proceed to document consent and with the discussion. If no find another informant.

Consent and Signature

The study has been explained to me and my questions/concerns about the study have been answered to my satisfaction. I voluntarily agree to participate in this study.

Print name of Participant

Signature of Participant

Date

Print name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

Key Informant Interview (KII) Guide for the Joint Assessment on Measures, Services and Safeguards for the Protection of Women and Children in Uganda June-August 2018

Key informant details, record; date, place/venue (district, sub-county, parish, and village/community settlement), names of participant community/Settlement, age and gender, leadership position/title

Measures

1. What acts of violence are committed against refugees/people in your community? Probe for acts of violence against each of the following groups if not mentioned

- a. Against women?
- b. Against men?
- c. Against children? (boys and girls)

Probe for categories of refugees most at risk of SGBV? (i.e. **new arrivals, unaccompanied minors, separated children, persons with disabilities, female-headed households, youth, older persons, among others**)

2. Why does this violence (SGBV) happen to different groups?
3. For each category, where do these acts of violence take place?

Probe for: homes, market places, food distribution centers, streets, school, water points, firewood collection places

4. Who are the perpetrators of violence? (Probe for age and gender of perpetrator)
 - a. Against women?
 - b. Against men?
 - c. Against children? (boys and girls)

Services

5. What is being done to detect, prevent and respond to the different forms of violence against each group? (Women, children and men)

6. Do you think that what is being done (measures) to address SGBV for different groups is adequate?

Give reasons for your answer above.

7. Where do SGBV survivors usually go for help? (**Probe for both formal and informal structures, and reasons for their choice of where they go for help**)

8. What influences choice of service by survivors?

9. Are there survivors (women, men and children) who do not report when they experience SGBV? **Probe for:**

☒ **Who reports and why?**

☒ **Who does not and why?**

(Role of culture and norms (negative and positive in influencing service seeking for SGBV).

SGBV Services and Safeguards

10. Are you aware of organisations providing the following services in your location?

- a. SGBV prevention and response services
- b. Child protection services

(*For organisations mentioned, probe for specific services provided and target groups - **Probe: Psychosocial, protection, police, legal, medical...**)

11. (For informal and less structured interventions) Are you aware of community groups / structures that provide support to SGBV and child abuse survivors such as ; **Community watch groups, Youth groups, gender tasks forces, community courts, Child Protection committees... Probe: what do they do and what impact has it created?**

12. Which SGBV and child protection referral pathways are available to survivors? Both formal and informal (**Just for service providers**)

13. What are the main challenges faced in detection, prevention and response to SGBV for women, men and children?

14. What're the main challenges in detection, prevention and response to violence against children?

15. What are the main capacity gaps among the agencies involved in child protection and SGBV programming? (***Question just for service providers**)

16. What should be done to strengthen measures to detect, prevent and respond to

- a. SGBV
- b. violence against children

17. Sexual Exploitation and Abuse

a. Knowledge

- Are you aware of sexual experiences or sexual relations between the community and NGOs, UN, Govt, suppliers, volunteers or other officials?
- Is it a serious problem? Who are the abusers?
- Who is the most affected? Or at risk? (women, men and children)- Give reasons for your answer.
- Where do these incidents happen?

b. Reporting

- Are these incidents of Sexual Exploitation and Abuse reported?

Give reasons for your answer.

- If you knew about **Sexual Exploitation and Abuse** to whom would you report to?
- Where would you feel comfortable reporting?

c. Mitigation

- What is being done to reduce such incidents?
- What can be done to reduce such incidents?
- What is your organisation doing to detect, prevent and respond to cases of sexual exploitation and abuse? (For organisation staff/representatives)

18. Human Trafficking

Is human trafficking a major problem in this area? Ask for evidence and common forms of human trafficking

- Who are the people most at risk of human trafficking and why?
- Who are the main perpetrators of human trafficking? (**Probe for family members, relatives, friends, 'employment agents', unknown persons, etc)**)
- What services are available for survivors human trafficking?
- What are the main challenges faced in fighting human trafficking?
- What should be done to effectively deal with human trafficking in this area?

19. Any other comment?

Thank you very much for your participation

Women and girls^[12] FGD Guide for the Joint Assessment on Measures, Services and Safeguards for the Protection of Women and Children in Uganda June-August 2018

Consent Form

Hello, my name is.....We are part of a team from Agency for Capacity Building (ACB) Ltd conducting an Interagency assessment facilitated on behalf of the United Nations High Commission for Refugees (UNHCR) and other partner agencies. We are talking to community members and those involved in the response that relate to sexual and gender-based violence and related services for prevention and response in your area. The information provided will help organizations to strengthen services for the protection of women, men and children in refugee settings in Uganda. The discussion will take between 60-90 minutes of your time.

We shall not use the information you give to disclose your identify. This discussion is confidential, and your name and other personal identifiers will not be used in writing the report. Your participation is purely voluntary. You have a right to withdraw from the study any time without any consequences. You're simply asked to volunteer the information out of goodwill. We would very much appreciate your participation in this exercise since your views are important to guide interventions to improve the protection of women, men and children. There are no right and wrong answers, and this is not aimed at judging you.

Do you have any questions/Concerns at this point? (Respond to questions/concerns).

Are you willing to take part in this discussion? If yes, proceed to document consent and with the discussion. If no find another participant.

Consent and Signature

Print name of Participant

Signature / Thumb of Participant

Date

The study has been explained to me and my questions/concerns about the study have been answered to my satisfaction. I voluntarily agree to participate in this study.

For illiterate study participants: I attest that the study has been explained to the participant and his/her questions/concerns about the study have been adequately answered. He/she has voluntarily agreed to participate in this study.

.....

Name of Witness	Signature	Date
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Print name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

Women and girls^[13] FGD Guide for the Joint Assessment on Measures, Services and Safeguards for the Protection of Women and Children in Uganda June-August 2018

FGD location and composition (record; date, place/venue, district, settlement, village(s), blocks represented), number of participants and composition (e.g. females, education, marital status)

SGBV- Measures (note that awareness, are part of measures taken to deal with a social problem...)

Understanding of SGBV and VaC

1. What is the meaning of SGBV? **Probe for (Sexual violence and exploitation, Physical, psychological, economic violence etc...)**
2. Is SGBV a major problem in your settlement/community? What makes you think it's a major problem?
3. What do you understand by violence against children (VaC) /child abuse? Does violence against children happen in your settlement/community?
4. What forms of VAC are common in your area?
5. Are SGBV and violence against children a major problem in your settlement/community? What makes you think it's a major problem?

Measures

6. What acts of violence are committed against refugees in this area? Probe for acts:
 - a. Against women?
 - b. Against men?
 - c. Against children? (boys and girls)
7. What categories of refugees are most at risk of SGBV?
8. What categories of children are most at risk of violence? **(e.g new arrivals, unaccompanied minors, children with disabilities, etc)**
9. Why does this violence (SGBV) happen to different groups?
 - a. Women?
 - b. Men?
 - c. Children? (boys and girls)

10. For each category, where do these acts of violence take place? **(homes, market places, food distribution centres, schools, water points, firewood collection places**

11. Who are the perpetrators of violence in your community?

- a. Against women?
- b. Against men?
- c. Against children? (boys and girls)

Services

12. What is being done deal with/address different forms of violence against each group? (Women, children and men)

13. Do you think that what is being done (measures) to address SGBV for different groups is adequate?

Give reasons for your answer above.

14. In your community, where do SGBV survivors usually go for help? **(Probe for both formal and informal structures, and reasons for their choice of where they go for help)**

15. What influences choice of service by survivors?

16. Are there survivors (women, men and children) who do not report when they experience SGBV? **Probe for:**

Who reports and why?

Who does not and why?

(Role of culture and norms (negative and positive in influencing service seeking for SGVB)).

SGBV Service and Safeguards

17. Are you aware of organisations providing the following services in your location?

- a. SGBV **prevention** and **response** services
- b. Child protection services

For organisations mentioned, probe for specific services provided and target groups

18. Are you aware of community groups / structures that provide support to SGBV and child abuse survivors? **Probe for groups, what they do and adequacy of services.**

19. What are the main challenges in dealing with SGBV for women and men?

20. What're the main challenges in dealing with violence against children?

21. What should be done to better deal with:

- a. SGBV

-
- What are the main challenges faced in fighting human trafficking?
 - What should be done to effectively deal with human trafficking in this area?

24. Any other comment?

Thank you very much for your participation

b. Violence against children

22. Sexual Exploitation and Abuse

a. Knowledge

- Are you aware of sexual experiences or sexual relations between the community and NGOs, UN, Govt, suppliers, volunteers or other officials?
- Is it a serious problem? Who are the abusers?
- Who is the most affected? Or at risk? (women, men and children)
- Where do these incidents happen?

b. Reporting

- Are these incidents of Sexual Exploitation and Abuse reported?

Give reasons for your answer.

- If you knew about **Sexual Exploitation and Abuse** to whom would you report to?
- Where would you feel comfortable reporting?

c. Mitigation

- What is being done to reduce such incidents?
- What can be done to reduce such incidents?

23. Human Trafficking

- Is human trafficking a problem in this area? Ask for evidence and common forms of human trafficking
- Who are the people most at risk of human trafficking and why?
- Who are the main perpetrators of human trafficking? (**Probe for family members, relatives, friends, 'employment agents', unknown persons, etc**)
- What services are available for survivors human trafficking?

Consent for Caregiver for Children 12- 17 years

Hello, my name is.....We are part of a team from Agency for Capacity Building (ACB) Ltd conducting an Interagency assessment facilitated on behalf of the United Nations High Commission for Refugees (UNHCR) and other partner agencies. We are talking to community members and those involved in the response that relate to sexual gender-based violence and related services for prevention and response in your area. The information provided will help organizations to strengthen services for the protection of women, men and children in refugee settings in Uganda. The discussion will take between 30-45 minutes of your time.

We shall not use the information you give to disclose your identify. This discussion is confidential, and your name and other personal identifiers will not be used in writing the report. Your participation is purely voluntary. You have a right to withdraw from the study any time without any consequences. You're simply asked to volunteer the information out of goodwill. We would very much appreciate your participation in this exercise since your views are important to guide interventions to improve the protection of women, men and children. There are no right and wrong answers, and this is not aimed at judging you.

Do you have any questions/Concerns at this point? (Respond to questions/concerns).

Are you willing to take part in this discussion? If yes, proceed to document consent and with the discussion. If no find another participant.

Consent and Signature caregiver

The study has been explained to me and my questions/concerns about the study have been answered to my satisfaction. I voluntarily allow my child to participate in this study.

Print name of Participant

Signature / Thumb of Participant

Date

[15] **FGD Guide for Children - Joint Assessment on Measures, Services and Safeguards for the Protection of Women and Children in Uganda June-August 2018**

FGD location and composition (record; date, place/venue, district, settlement, village(s), blocks represented), number of participants and composition (e.g. females, age, form of disability, school status, marital status, has a child/children)

SGBV- Measures (note that awareness, are part of measures taken to deal with a social problem...)

Understanding of VaC

1. What do you understand by violence against children (VaC) /child abuse? Does violence against children happen in your settlement/community?
2. What forms of VAC are common in your area? (probe for acts of VaC on girls and boys)
3. Do you know any child who has suffered/ experienced VaC? Probe for what happened to the child?
4. Do you feel respected and safe from VaC in your area? Give reasons for your answer.

Measures

5. What categories of children are most at risk of violence? (**e.g. new arrivals, unaccompanied minors, children with disabilities, girls, boys etc**)
6. Why does this violence happen to children in your area?
7. Where do these acts of violence against children take place? (**homes, market places, food distribution centres, schools, water points, firewood collection places**)
8. Who are the perpetrators of VaC in your community? (Probe for age and gender of perpetrator)

Services

9. What is being done to deal with/address VaC in your area?
10. If VaC happened to your close friend where would you advise them to report?
11. Give reasons for your answer?
12. Are there children who have faced VaC and have not reported such cases? If so, Why?
13. What're the main challenges in dealing with violence against children?
14. Give 2 suggestions to deal with VaC.
15. Any other comment?

Thank you very much for your participation

In Depth^[16] Interview Guide (IDI) for the Joint Assessment on Measures, Services and Safeguards for the Protection of Women and Children in Uganda June-August 2018

Record; (date, place/venue (district, sub-county, parish, and village/community settlement), description of respondent (survivor, caretaker or former perpetrator, age, gender, marital status....)

Discussion guidance questions

1. What is your understanding of SGBV?
2. What is your understanding of violence against children?
3. What is your experience with **SGBV/VaC/SEA/human trafficking**? (probe for;
 - When did it happen?
 - Where did it happen?
 - Who was the perpetrator?
 - Who provided support? (probe for support from individuals and organisations)
 - What support was given?
4. For survivors, did you tell anyone about this experience? If no why? If Yes, who did you tell and why?
5. Was any organisation/ agency involved with your situation? If yes, which organisation?
6. What was the role of the organisation?
7. Were you satisfied with the support that you received? Why or why not?
8. What general challenges did you experience? How were they overcome?
9. What is your current role in SGBV/child protection?
10. What should be done to effectively address SGBV and violence against children in this community?
11. Any other comment

Thank you very much for your time

[1] Rape in Uganda is defined as nonconsensual sex with an adult (See Penal Code Act 2007)

[2] Since minors (all persons under 18 years) cannot consent, all sexual activity with them is defilement. See Penal Code Act Section 129 of the Penal Code Act 2007.

[3] Raya, P. D. (2010). Female genital mutilation and the perpetuation of multigenerational trauma. *The Journal of psychohistory*, 37(8), 6³ 1.

[4] Koster, M., & Price, L. L. (2008). Rwandan female genital modification: Elongation of the labia minora and the use of local botanical species. *Culture, health & sexuality*, 10(6), 5³ 5-204.

[5] Arneson, M. (2011). Female Genital Mutilation: Policies to Encourage Abandonment. *Political Science Senior Thesis, USA*, 1-22.

[6] WHO (2007), The cycles of Violence

[7] This is metallic debris, old and abandoned metallic parts that are sold per kilogram.

[8] Prostitution is the practice of engaging in sexual activity in exchange for money or material gain.

[9] All partners and service provider were coordinated by the OPM

[10] *The main role of community structures is to do sensitisation, identification and referrals of cases to service providers.*

[11] A Swahili word meaning 'voice'

[12] **Note: For minors/children below the age of 12- 17, parental or guardian consent is required in addition to respondent assent.**

[13] **Note: For minors/children below the age of 12- 17, parental or guardian consent is required in addition to respondent assent.**

[14] **For minors/children below the age of 12- 17, parental or guardian consent is required in addition to respondent assent.**

[15] **For minors/children below the age of 12- 17, parental or guardian consent is required in addition to respondent assent.**

[16] If respondent is 12-17 years, use consent and assent forms provided.