



**Rapid Gender Analysis
Rwamwanja & Kyaka II sites-Uganda
DRC Response
August 2018**



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List of abbreviations:

- ALP**- Accelerated Learning Program
- ASRH** - Adolescent Sexual Reproductive Health
- CDO** - Community Development Officer
- DRC** - Democratic Republic of Congo
- ECD** - Early Childhood Development
- FGD** - Focus Group Discussions
- FP** - Family Planning
- LC** - Local Council
- MHM** - Menstrual Hygiene Management
- MCHN** – Maternal Child Health and Nutrition
- PAC** - Post Abortion Care
- PSNs** - Persons with Specific Needs
- RGA** - Rapid Gender Analysis
- SEA** - Sexual Exploitation and Abuse
- SGBV** - Sexual Gender Based Violence
- STDs** - Sexually Transmitted Diseases
- UNHCR** - United Nations High Commissioner for Refugees
- WASH** - Water, Sanitation and Health

Introduction:

Uganda has a good refugee protection environment, providing refugees with freedom of movement, the right to work and establish businesses, the right to documentation and access to national social services. The country pursues a, stretching out over vast territories. Whilst providing the basis for refugee self-reliance in the longer term, the settlement approach typically incurs higher up-front costs than that of a camp environment, when basic life-saving provisions are to be established.¹

According to UNHCR, Uganda hosts the largest number of DRC refugees, currently over 286,000 people. The emergency response is focused on the rural settlement areas, where the most vulnerable refugees are living. 60% of the refugee population are children under 18 years and 80% of the population are women and children.²

In general, there are large numbers of women, children and persons with specific needs, many of whom have been subject to conflict-related violence, including sexual and gender-based violence (SGBV). Many school age going children do not have access to education. Limited secondary education, vocational skill training and job opportunities have lead to increasing protection risks like early and forced marriage, child abuse and forced recruitment as well as negative coping mechanisms such as drug abuse and transactional and survival sex.³

In 2018 new arrivals have been entering through mainly the border points of Ishasa (Kanungu district), Nteko and Bunangana (Kisoro district). Uganda's central and southwestern districts of Kamwenge (Rwamwanja settlement), Kyegegwa (Kyaka II settlement) and Hoima (Kyangwali settlement) are expected to receive the vast majority of Congolese new arrivals. The chapter on DRC refugees in the Uganda Integrated Refugee Response Plan has been reviewed at mid-year, and the planning target revised from 60,000 new arrivals from DRC to 150,000 by the end of 2018.⁴The majority of refugees are women and girls; many have experienced one or more forms of Gender Based Violence (GBV) while fleeing DRC.

Kyaka II Refugee Settlement is situated in Kyegegwa District in South-Western Uganda. The area is fertile and agriculturally productive with the settlement divided into nine zones (with 26 villages) and all of these zones neighbor host community villages, which are spread along different areas of the settlement. Kyaka II is gazetted government-owned land. Thus, land disputes between refugees and nationals have not been common since nationals would not be entitled to use this land even if there were no refugees. With 325,240 nationals accounting for 78% population. However, villages around Kyaka II appear to be sparsely populated and the refugee population is likely much higher than the nationals who are majorly engaged in subsistence farmers belonging to two main ethnic communities, the Batooro and Bakiga.

Rwamwaja settlement on the other hand is in Kamwenge district with an estimated population of 442,600 as of 2016 and the predominate ethnic groups in the district are Bakiga, followed by Bafumbira. Other tribes include the indigenous Batoro; Batagwenda, Banyarwanda and several other tribes.⁵

Save the Children has been providing emergency response in Rwamanja settlement which hosts over 78,000 refugees, Kyangwali which has over 58,000 refugees and Kyaka II settlements which has over 50,000 refugees according to UNHCR.

¹ The Democratic Republic of Congo Refugee Response Plan

² UNHCR Fact Sheet DRC Response June 2018

³ The Democratic Republic of Congo Refugee Response Plan

⁴ UNICEF Uganda Multi-Hazard Sitrep Report May 2018

⁵ Kamwenge District Investment Profile

SCI Uganda conducted a Rapid Gender Analysis(RGA) in August 2018 with an aim of understanding the different risks, vulnerabilities and coping mechanisms for men women boys and girls. The RGA was conducted in Rwamwanja and Kyaka II sites by SCI staff and volunteers. This report will outline findings and recommendations from the RGA. The report will also be informed by another RGA that was done by Care International in March 2018 that covered Kyangwali and Kyaka II settlement areas. The exercise identified different needs, concerns and priorities for men, women, boys and girls that will inform SCI humanitarian interventions in the areas.

Overview of Gender & GBV Issues in Kyaka II & Rwamwanja.

Sectors/Thematic Areas	Issues
Education	<p>High number of girls & boys out of school is high largely due to difference in the curriculum in DRC and Uganda</p> <p>Balancing between chores at home and long distances to and from school deters mostly girls from enrolling in school</p> <p>Child mothers are mostly out of school as early marriage appears to be acceptable in the community</p> <p>Enrolment rate for girls is high at lower level but decreases significantly in upper classes.</p> <p>Overcrowding of children in class rooms and long distance to schools.</p> <p>Schools not equipped to support Special Needs Education</p> <p>Long distance to schools pose SGBV risks</p> <p>Minimal understanding of teachers on sexual harassment and reporting mechanisms.</p>
WASH	<p>Insufficient WASH facilities at all communal places for proper personal and menstrual hygiene management.</p> <p>Insufficient water points hence mostly women and girls spend a lot of time fetching water. This poses SGBV risks especially at night</p>
Health and Nutrition	<p>Girls with mental disorders are increasing facing sexual violence especially in certain long term existing settlements, where they are defiled, sexually abused and impregnated</p> <p>Poor mental health due to the atrocities inflicted on them as they fled DRC.</p> <p>Lack of adolescent friendly spaces and access to reproductive services exposes girls to early teenage pregnancies and STDs.</p> <p>Inadequate supply of menstrual products forcing girls to use old pieces of cloths as sanitary towels.</p> <p>Inadequate/ unmet nutritional needs for pregnant and lactating mothers and referral for antenatal services.</p>
Child	<p>Early child marriages among boys and girls so that they are registered as a</p>

<p>Protection/GBV</p>	<p>house hold to benefit for the cash and food rations.</p> <p>Men’s vulnerabilities are increased and very new to them; they do not have any coping strategies in place.</p> <p>Girls travel long distance and to risky areas in the forest looking for firewood where they are exposed to SGBV/SEA and beaten by the soldiers and SEA knowledge is minimal especially among communities –no clear reporting mechanisms</p> <p>Inadequate protection/safe spaces for strengthening management of cases, referral for services and psychosocial support for boys, girls, women and men.</p> <p>Physical assault is on the rise especially for foster girls</p> <p>Polygamy is on the rise coupled with domestic violence seen as an acceptable norm</p> <p>Insufficient access to GBV services due to lack of information especially for new arrivals and PSNs.</p>
<p>Livelihoods</p>	<p>Lack of Vocational skills and (tools) training for life skills in line with the market demands</p> <p>Lack of start-up funds to female and male groups.</p> <p>Lack of access to IGA opportunities for both men and women including youth</p> <p>Heavy reliance on food & cash distribution-GBV cases tend to escalate during this season</p> <p>Food and Cash distributions are given to heads of household who are mostly men.</p> <p>Unfavourable terms and conditions for securing Loans</p>

Objectives of the Rapid Gender Analysis.

- To deepen SCI’s Uganda understanding of how the refugee situation has impacted on men, women, boys and girls in Kyaka II and Rwamanja
- To map underlying gender inequalities and discriminatory norms’
- To identify the coping strategies and opportunities for men, women, boys and girls in the two sites
- To map out the existing SGBV issues, services, referral pathways and gaps in preventing and responding to SGBV
- Provide recommendations for gender mainstreaming in different sectors (WASH, Livelihoods, Nutrition, Child Protection to ensure women and girls including people living with disabilities have access to humanitarian response.

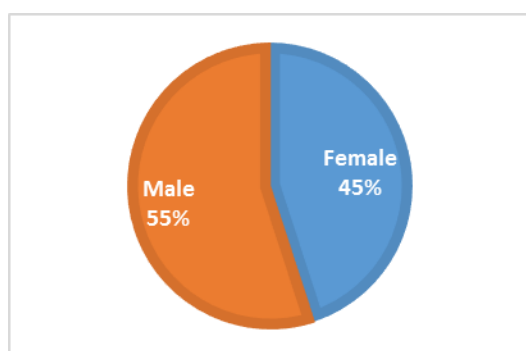
Methodology:

Data collection methods.

Key informant interviews(KIIs), Sex disaggregated Focus Group Discussions that provided a safe space to discuss sensitive issues, direct observations and safety audits informed the basis of this report. Prior to the exercise the field teams in the two settlement areas underwent a training on gender in emergencies to enable them to understand gender dynamics in a refugee set up. The teams were also taken through Care's RGA tools that were used to collect data. Data collection was done by 17 enumerators of which 10 female and 07 male. SCI team comprising of Child protection officers, caseworkers, Monitoring Evaluation and Learning Team, gender coordinator and regional gender advisor. The data collection was conducted over seven days from 13th August to 19th August 2018. The gender staff in the team jointly did the analysis and prepared this report.

Key informant interviews were conducted in Kyaka II and Rwamwanja with OPM, Police, SCI staff, Camp leadership, Caregivers, facilitators, Religious leaders, Secretary in charge of children affairs, Representatives of PWDs, parish chiefs, CPC and other partners. Partners visited included; Windle trust International, AHA, LWF, WFP, UNHCR, Red Cross, ACCORD and TUTAPONA

Fig1: Pie chart showing KII respondents interviewed by gender.



FGD conducted by Gender and Age.

Gender /Category	Age Group	Number of FGDs	Number Reached
Girls	10-15	3	39
	16-24	3	40
Women	18-45	4	47
Child mothers	10-17	2	23
Foster children girls	10-17	2	26
Boys	10-15	3	38
	16-24	3	34
Men	18-45	3	36
Foster children boys	10-17	2	24
Total		25	307

The required groups based on gender were randomly selected from all zones where SCI operates in Kyaka and Rwamwanja. The FGD participants were also randomly selected following and sex disaggregated discussions were held with male and female enumerators separately. A standard FGD size of 12 participants was adopted.

Challenges & Limitations:

All data collection tools were in English as all enumerators spoke English. The refugee community are mostly French and Swahili speakers, the community volunteers who are French, Swahili and English speakers had to do the translations while asking questions. Some nuances of the conversations may have been lost in translation.

The data for the two sites was collected over a period of eight days leaving insufficient time for the field teams to interact with the tools prior to the exercise and ensure common interpretation of the questions.

Findings of the Gender Analysis.

Protection and Gender Based Violence(GBV):

Poverty has highly exacerbated GBV in the area with the communities largely relying on humanitarian aid for their survival. Some of the causes of GBV have been attributed to land conflict, polygamy with reasons cycling back to lack of economic opportunities for both men and women.

Early marriages are common in the area and at times they are used to get financial benefits in the name of 'bride price' for the girl's family. Boys and girls are marrying each other so that they start new households in order to access cash transfers, food and non-food rations. There are cases where children have altered their ages so that they can get married. It is important to note that household surveys were not conducted during the exercise hence the magnitude of child to child marriages cannot be verified. There are also cases of rape and defilement where victims are forced by families to marry the perpetrators.

Despite the military barracks which is situated in a forest being a prohibited zone, girls are forced to go in and fetch firewood and in some instances they face sexual abuse. There are claims that the militia from DRC are hiding in this forest but this has not been verified by the police. It was also not clear whether the alleged perpetrators of sexual abuse are militia or the military.

Domestic violence is seen as a norm in the community mostly affecting women and girls. Some of the cases are reported to police but the main challenge is that women are recanting their statements forcing the police to release some perpetrators with the police constantly dealing with repeat offenders. The release is usually demanded during cash transfer or food distribution period so that the men who are registered can access them. Physical violence against men in male headed household escalates during harvest period or during distribution of food, cash transfers and non-food items but these cases mostly goes unreported. However, the Community Development Officers (CDOs) are seeing increasing numbers of reported cases by men. This is attributed to the community sensitisation programs on GBV and stigma associated with male reporting. The escalating cases of physical violence by women is attributed to men taking off during the aforementioned time to use the proceeds and the aid to marry other wives. More dialogue sessions at community level are needed to change attitudes and perceptions on gender and GBV, shifting norms to deescalate the situation.

Most foster children both boys and girls are facing multiple forms of child abuse from being subjected to child labour where they are forced to work in farms for host communities so as to provide for the families. In addition to that, girls take on work in neighbouring bars and domestic work in host communities. The foster girls indicated that they are taken up by foster parents so that they can be used to fetch water and firewood. This has also been experienced by some children living with mental disabilities.

Sexual exploitation appears to be a concept only understood by NGOs and government officials. A few cases of SEA by NGOs have been reported and action taken where the official's contracts were terminated. On explaining the concept to community members through FGDs some indicated that they may fear to report such cases due to fear of losing the benefits one could be getting. No common reporting mechanisms on SEA exist in the settlement. Community members are expected to use suggestion boxes to raise such cases. In Kyaka II for instance the boxes are placed outside the Office of the Prime Minister (OPM) and is opened once a month. Knowledge on the concept is lacking at community level making identification and reporting of cases to be a challenge. The stakeholders who were the key respondents pointed to the dire need of sensitising communities on SEA and establishing practical reporting mechanisms that start at the community level.

Referral pathways for GBV support and Services:

Most GBV cases are handled by religious and community leaders and settled at household and community level. According to UNHCR Rwamwanja has 74 community structures working on S&GBV response and prevention. The team was not able to establish the existence of such structures in Kyaka II. The community structures were identified to be the first point of contact and preference when one wants to report any form of violence.

In Kyaka II access to GBV services is a challenge mainly due to lack of information as the settlement is mostly dealing with new arrivals. Children living with disabilities largely lack access to such information and relies on partners and community to identify such cases and speak on their behalf.

Risks and Barriers to reporting on GBV&SGBV:

The rate of GBV &SGBV disclosure is low, among the respondents interviewed who experienced sexual violence in refugee setting only 1 in 5 males and 3 in 5 female have report to police and local leaders. However, the number could be higher given that many survivors are hesitant to disclose due to negative attitude towards reporting and seeking help for SGBV.

Some of the barriers associated with SGBV reporting and disclosure are stigma, shame, fear of reprisal, lack of services and inadequate capacity of service providers to respond to the needs of survivors.

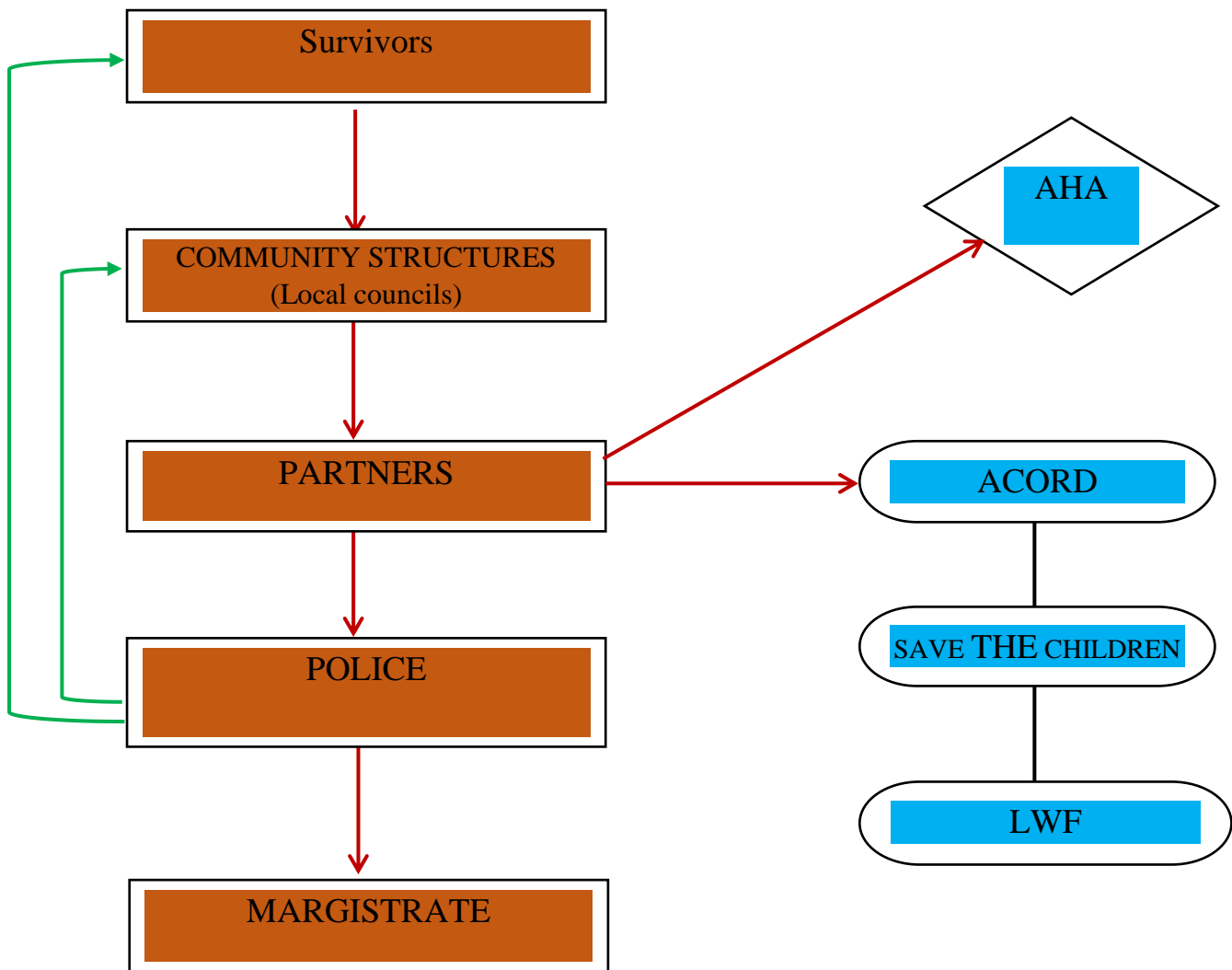
Various social and cultural barriers also influence attitude towards reporting and seeking help for SGBV, and further contribute to underutilization of SGBV services in emergency settings.

Other important factors that may influence help-seeking for SGBV include perceived benefits of seeking help and distrust of service providers.

Many Individual attributes such as sex, age, marital status, and education as an important predictors of attitudes towards reporting and seeking help for SGBV with men, compared to women, are less likely to report or seek help from formal sources such as the police, health professionals or community resource centres.

A positive correlation exists between age and a favourable attitude towards seeking help for SGBV mainly due to increased autonomy. Education has also been shown to be positively associated with a favorable attitude towards seeking help for SGBV. The impact of education is mainly through increased awareness, autonomy and economic empowerment among those with high levels of education.

GBV Reporting Flow & Service Providers



Education:

There are many girls and boys out of school but to ascertain the magnitude of the situation there needs to be an inter-agency assessment particular in Kyaka II. From the FGDs with boys and girls one of the main reason children are out of school is due to the different education systems in DRC and Uganda where children are forced to enrol in lower grades despite them being older. The different school systems have created a preference of vocational training for both boys and girls

English being the language of instruction in Uganda and the refugees being from DRC speak French making it a barrier hence forcing them to drop out of school. Inability to pay school fees was also a reason why most were out of school.

According to the respondents working on Education the enrolment rate for girls is higher at lower level but the number decreases significantly in upper level compared to the boys. There are many cases of teenage pregnancy due to early marriage which is an accepted norm in the community. Child mothers are mostly out school playing their care roles. Some are forced to look for work so that they can provide for their babies. No school feeding programs exist in Kyaka II.

Children walk long distances to schools. The girls expressed concern of sexual harassment on their way to school. The classrooms are overcrowded which makes it even difficult to identify and respond to those with learning disabilities.

The schools are not equipped to cater to special needs education. There is need for assessments to be done to ascertain the different forms of disabilities and the different support that may be required. These should include special needs teachers, physical spaces that can accommodate and ensure access for those with physical disabilities, children with disabilities need necessary equipment to allow for easier movement. These includes clutches, wheel chairs.

Access to WASH facilities & MHM:

There are a few water points in both settlements. Women and girls spend a lot of time fetching water with long queues and least priority given to girls who end up fetching water late in the evening. From the FGDs the girls raised concerns that they don't feel safe as this has made them susceptible to sexual abuse along the route. The girls normally go to fetch water as individuals and not in groups and this is a safety concern especially at night as there is no lighting in most of the areas. Some of the latrines are not sex segregated which poses a risk for women and girls.

Not all households have latrines therefore some households use communal latrines. Most latrines are not lit and girls have expressed concerns that they face sexual advancements by boys when they go to use the facilities at night. They are forcefully kissed (bissou) or they fondle with their breasts without their consent.

The UNHCR has indicated there is a deficit of WASH facilities in the settlements with the gap standing at 7, 964 latrines needed in Rwamwanja and 5,356 in Kyaka II as at June 2018.

From the FGDs with women and girls, MHM practices were different before the crisis with the ability to maintain hygiene standards due to constant access to water and sanitary ware but at the moment this is not the case. Despite several partners working on MHM, with the influx of refugees in Kyaka II MHM needs are not adequately met. Women and girls have to use re-usable clothing during menstruation. Access to water was cited as a major challenge in maintaining hygiene during menstruation. Some girls reported having to drop out of school due to lack of sanitary pads. The situation is even worse for foster girls where at times they are not prioritised in the households and sanitary pads is always at the bottom list of priorities in their homes. As a coping mechanism most girls have to look for domestic work in the host communities to meet their MHM needs. Although there are a number of partners running MHM programs, there is need to ensure steady supply of menstrual products. Periodic consultations with the girls as a way of establishing a feedback mechanism on the programs will help monitor access of these products by the most vulnerable which includes girls with disabilities.

Food security and livelihoods:

The communities largely rely on humanitarian aid for their sustenance. However, given Uganda's approach to non-camp settlement policy, by which refugees are allocated relatively large plots of land for shelter and agricultural production. In Rwamwanja most families are able to do more farming on their plots of land. In Kyaka II there was not so much farming activities case due to the small size of plots allocated. Most families do maize farming. In Kyaka this is also the case which makes homesteads to be covered with long maize stalks and this poses further threats of SGBV for girls as it is coupled with no lighting of homesteads.

Communities in Rwamwanja and Kyaka II settlement areas have minimal access to Income Generating activities (IGAs). This is a major concern to both men and women and youth as well.

With a lot of young people of school going age being out of school, idleness has become an issue with mostly boys taking on drug and alcohol abuse and girls opting to work in bars as a way of raising income.

Men, women, boys and girls work as farm workers in the host communities. Women and girls also work as domestic workers in the host communities. They fetch firewood and water for a little pay.

In the FGDs with men and women and boys and girls above 14 years, they expressed interest in vocational training and business trainings to enable them start their own small businesses in the settlement and host communities. Girls and women are interested in learning crafts, tailoring while boys and men's interests lies on mechanics and wood craft.

Health & Nutrition:

In both settlements there is one main health facility. A few health centres exist in the area but the community prefers the main one due to the consistency of services especially medication. However, in the FGDs in Kyaka II there is a major concern from the community on lack of medication in the main facility.

Due to over reliance of one health facility, the resources for maternal health are strained. The number of health providers doesn't meet the ratio of patients. The maternity wing has limited space although there is ongoing construction for a new wing in Rwamwanja. At the moment there are only 12 beds for post-delivery care. The patients have to share beds with at least two people and their new born babies. The maternity ward caters for not only deliveries but also those receiving Post Abortion Care (PAC). Most of the patients receiving PAC are teenagers. Management of sepsis is a challenge due to small physical space. The health centers offer integrated maternal health services in one place; pre-natal care, antenatal and post-natal care. This also includes provision of family planning methods. These has deterred many young women from accessing reproductive health services.

There is a concern about increasing numbers of child mothers and teenage pregnancies resulting to health complications that the facility struggles to manage. The facilities are dealing with a lot of cases of unsafe abortion needing post abortion care.

The health facility has done a lot of awareness on the benefits of family planning. This has generated a lot of demand but on the other hand there is inconsistent supply of FP commodities which may lead to missed opportunities to prevent unintended pregnancies and unsafe abortions.

From the observations, cases of malnutrition exist in the area with children with disabilities being more vulnerable due to abandonment.

Specific issues affecting children with special needs:

- Neglect and abandonment by parents. One of the reasons attributed to this is association of disability with evil spirits especially those with mental disabilities.
- Minimal support in ensuring they access services available in the settlements. It was observed during food distribution that some of them are malnourished especially those who are not able to express themselves. There was a case where a child had lost her eyesight due to lack of proper nutrition and neglect coupled with delayed response for proper nutrition.
- There are cases of sexual abuse especially targeted at those with mental disabilities. Girls with disabilities who are left at home are more vulnerable.
- Lack of assessment of specific needs for the different forms of disabilities. Nothing is done beyond registration as a person with disabilities. Most of them lack proper equipment to

help with their movement. The lack of assessment of the situation has made it difficult for school placement with proper support

- Most children with disabilities are out of school.
- In Kyaka there is no partner working primarily on access to services and rights of children with disabilities. In Rwamwanja only one partner (Glorious Castle) works with these children. The physical space is only able to cater for 20 children but due to the small number of care givers, the facility can only accommodate ten. The care givers have minimal training on special needs therefore they can only offer limited therapies like occupational and behavioural therapies. A lot of children are living outside due to neglect and abandonment and some especially those with mental disabilities being taken advantage of and made to fetch water throughout the day as they can be conditioned to do one activity non-stop.

Community structures-feedback mechanism and power relations:

Community consultations and planning meetings are normally held in the afternoons to allow participation of women in these meetings. The meetings at village/ward level and town council level comprises of religious leaders, LCI councillors, heads of institutions who are in most cases men. Observations by various stakeholders is that the few women in these meetings are passive participants and rarely contribute to the discussions. The training centres are seen as spaces for men and it is at these centres that they get information faster pointing a gap to women's access to information.

Coping mechanisms

- Men and women are taking on foster children so that they get the benefits that come with it which includes more food rations, non-food items and cash. In several instances some foster children are missing out on food.
- Village savings and loan associations are present in Rwamwanja with priority given to GBV groups and survivors. However, men at times prohibit their wives/women to be part of these groups.
- Women and men are involved in petty trade to substitute their income.
- Girls are forced to work in bars and as sex workers in the host communities. There are unverified claims of child trafficking from settlements to Kampala and neighbouring host communities for child labour as farm workers, fetching water and firewood and sex work.
- In households where girls have experienced incest, rape and defilement but are unable to report for fear of further victimisation they opt to look out to be fostered by elderly mothers (grandmothers).
- Girls and especially girl mothers are dropping out of school and join vocational training due to lack of opportunities to continue with formal education.
- Boys are dropping out of school to marry and become heads of households so that they can benefit from food and cash distributions.
- Boys and girls are voluntarily dropping out of school to look for work in the host communities mostly as domestic care workers or farm workers so that they can provide for themselves and their families. However, they are at times not paid for the services they offer and some have reported cases of sexual harassment in the host families or they are forced to have sex for them to get paid.
- Men and boys resort to alcohol and drug abuse to mentally escape from the refugee situation.

Priority/ Practical needs

Boys	Girls	Children with Special Needs	Men	Women
Education Vocational training Recreational facilities Dignity kits (soap, clothing)	Education Vocational training Alternative sources of fuel to reduce the need to fetch firewood and avoid risks of sexual abuse More water points Dignity kits (soap, menstrual products, clothing)	Common physical space to access services Nutrition programs Child assessment and school placement with special needs teachers Special Needs Education Assessment to understand their situation	Livelihood support Access to savings and credit facilities Vocational & business training	Livelihood support More water points Access to savings and credit facilities Time saving farm equipment Vocational & business training

Conclusion

Recommended Actions:

Protection , GBV and Access to services	<p>Advocacy and campaigns on changing social norms that are a barrier to gender equality should be prioritised. This should have a strong focus on harmful traditional practices and their impact on women and girls</p> <p>Special attention should be given when screening new arrivals. The screening should look into identifying boys and girls, women and men including people with disabilities who may have experienced GBV and especially SGBV en-route to the settlements. This should be followed with psycho-social support and other GBV services available.</p> <p>Integrate psychosocial support activities within child protection initiatives and link with long –term projects and service providers.</p> <p>Ensure gender-sensitive targeting for all activities that look at the specific needs of men, women, boys, and girls; for example, in psycho-social support, examining the specific stresses/challenges faced by the different gender and age groups</p> <p>Engage men and boys, women and girls and community leaders in behaviour change activities around gender equality and GBV prevention.</p> <p>Information on existing GBV services should be cascaded to the community level. This includes the referral mechanism and reporting mechanism for GBV and SEA</p> <p>More awareness is needed among stakeholders and communities on SEA. A feedback mechanism that reaches the community should also be established</p> <p>Case workers should be trained on GBV and referral pathways. The trainings should also target local leaders including women leaders. Women leaders should further be</p>
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	<p>targeted for leadership and empowerment programs so that they can effectively play their role.</p> <p>Protection space should be set up in Kyaka II. Women and girl friendly safe spaces should be set up to provide a platform to discuss issues and offer their own solutions. These spaces could be used to provide a holistic program on female empowerment, confidence building and leadership.</p>
WASH & MHM	<p>More wash facilities should be prioritised for the two settlements. WASH and MHM standards should be adhered to and constantly monitored. This includes having gender segregated latrines, with proper lighting and maintenance</p> <p>Allocate more resources to ensure consistent supply of dignity kits that includes sanitary materials. Dignity kits should also be provided to boys. These should be provided to children in and out of school. There should be deliberate target of adolescent girls at household level</p> <p>Set up more water points in the area to reduce time spent by girls and women fetching water. This will also help to reduce the risk associated with SGBV</p> <p>More lighting should be provided in the settlement areas especially around latrines and water points as these were pointed out to be the areas considered risky</p> <p>Feedback mechanism should be established to ensure women and girls have a chance to share their views on the services provided.</p>
Education	<p>Conduct an inter –agency assessment to establish the number of children out of school. The assessment should also be able to establish the number of child mothers out of school</p> <p>Set up more school’s/learning spaces within the settlement areas to reduce the distance and time spent walking to school. This will also help reduce SGBV risks especially for girls</p> <p>Initiate Accelerated Learning programs(ALP) targeting the out of school boys and girls with plans to integrate them in the larger Uganda education system</p> <p>More investment in early child hood education that ensures inclusion of children living with disabilities</p> <p>Establish school feeding programs in schools including in ECD schools to ensure access for all especially child mothers</p> <p>Curriculum development for ALP and advocacy for it to be adopted by Ugandan Government</p> <p>Assessment for special needs and provision of appropriate aid equipment</p> <p>Setting up units within existing schools and equipping them amenities for Special Needs Education including placement of special needs teachers</p>
Health & Nutrition	<p>Comprehensive sexual reproductive health programs that focuses on providing appropriate sex education for different ages,</p> <p>Establish youth friendly corners to promote access to SRH services, for instance, the youth centre in Rwamwanja can be used to provide SRH information and for referrals to health centres.</p>

	<p>Consistent provision of family planning and contraceptives and access to legal safe abortion services.</p> <p>Resource allocation to ensure consistent supply of FP commodities.</p> <p>Equipping of the maternity health wing Target men and boys in nutrition programs so that they learn that this is a shared role with women and girls</p> <p>Close monitoring of fostered children to ensure they are not neglected and basic needs like food.</p>
Food Security & Livelihoods	<p>Promotion of a) vocational education and b) business incubation among Youth, women and men particularly those out of school with the view to increase opportunities for better paying income generating activities (agriculture-based and otherwise) is recommended to allow female headed households earn higher incomes.</p> <p>Life skills development like plaiting hair, tailoring, making of reusable sanitary pads and selling at an affordable price to the girls</p> <p>Diversified economic income so as not rely on food ratios.</p> <p>A multi-sectoral food security/livelihoods strategy and/or implementation plan is urgently required in order to synergistically address the key drivers of food insecurity.</p> <p>Income generation or livelihoods support to the Youth, child mothers and single headed households.</p> <p>Implement Food for Work and/or Food for Assets programmes.</p>
Special needs	<p>Campaigns to challenge myths and misconceptions and change attitudes and perception against disability and reducing stigma</p> <p>Persons with special needs and especially children should be constantly monitored to ensure they have access to information and services available in the settlements</p> <p>Vocational training and skills building should be provided to enable them to be self-reliant</p> <p>Resource allocation to ensure provision of special needs education for the different forms of disability.</p>
Monitoring & Evaluation	<p>Ensure sex and age disaggregated data is captured in all assessments and M&E activities</p> <p>Project teams should ensure identification and inclusion of vulnerable groups such as pregnant and lactating mothers, female headed households, people with disabilities and the elderly are part of consultations and inform program designs.</p> <p>Ensure that assessments specifically look at the prevalence of GBV and Harmful Traditional Practices and include in risk analysis of the project</p> <p>Establish a complaint and feedback mechanism and train staff and communities on how to utilise it.</p>

Annex I

Tools used for the RGA

<http://gender.care2share.wikispaces.net/CARE+Rapid+Gender+Analysis+Toolkit>

Annex II (List of respondents)