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Data-to-Action Workshop Report: Uganda Humanitarian Violence Against Children and Youth Survey (HVACS), 2022

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Data-to-Action Workshop Report

Uganda Humanitarian Violence Against Children and Youth Survey (HVACS), 2022

April 2024





The Population Council leads the Baobab Research Program Consortium in close partnership with the Population Council Kenya and the African Population and Health Research Center. Situated in the East and Horn of Africa, this Africa-based and African-led consortium is filling critical evidence gaps to reduce inequities in sexual reproductive health and rights among vulnerable populations in humanitarian settings.

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STRENGTH IN NUMBERS

This document was borne out of a collaboration between the Government of Uganda's Office of the Prime Minister (Department of Refugees); the UNHCR Regional Bureau for the East and Horn of Africa and the Great Lakes; and the Baobab Research Programme Consortium, with support from Together for Girls and the United States Centers for Disease Control and Prevention, Atlanta, Georgia.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention.

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List of Abbreviations

CDC	Centers for Disease Control and Prevention
CPMS	Minimum Standards for Child Protection in Humanitarian Action
CSO	Civil Society Organisation
D2A	Data-to-Action
EHAGL	East and Horn of Africa and the Great Lakes
FCDO	Foreign, Commonwealth and Development Office
GBV	Gender-Based Violence
HVACS	Humanitarian Violence Against Children and Youth Survey
INGO	International Non-Governmental Organisation
MGLSD	Ministry of Gender, Labour and Social Development
NGO	Non-Governmental Organisation
OPM	Office of the Prime Minister
PSU	Primary Sampling Unit
RPC	Research Programme Consortium
TfG	Together for Girls
UNHCR	United Nations High Commissioner for Refugees
VAC	Violence Against Children
VACS	Violence Against Children and Youth Survey(s)
WASH	Water and Sanitation Hygiene

Introduction

The Government of Uganda, civil society organisations (CSOs) and international partners participated in a Data-to-Action ('D2A') workshop in Kampala from June 14-16, 2023. The D2A workshop was co-convened by the Office of the Prime Minister's (OPM's) Department of Refugees and the Baobab Research Programme Consortium, with support from the Ministry of Gender, Labour and Social Development (MGLSD); UNHCR; and the U.S. Centers for Disease Control and Prevention (CDC) headquarters staff.

The Humanitarian Violence Against Children and Youth Survey (HVACS) D2A workshop aims to support countries in creating violence prevention priorities directly informed by HVACS data. These priorities are created by linking HVACS data to the suite of evidenced-based and prudent practices using the INSPIRE: Seven Strategies for Ending Violence Against Children technical package. The outcomes of the D2A workshop are data-driven, evidence-based priorities and actions to prevent and respond to violence against children (VAC) in humanitarian settings in Uganda, with a specific focus on refugee contexts. The priorities will help complement existing policies and plans related to VAC prevention in Uganda, and help fill in gaps that address humanitarian populations.

The 2022 Uganda HVACS

Survey Background and Key Results

The Republic of Uganda is in East Africa. Uganda's refugee policy is considered the most progressive in the world, as it grants refugees the right to work and significant freedom of movement (Momodu 2018). The policy centers on the actual settlement of refugees. Consequently, once registered at transit centers, refugees are transferred to settlements (as opposed to camp settings) and provided with land (1.25 acres per household for housing and agriculture) to re-establish their lives.

Estimates by the UNHCR Regional Bureau for the East and Horn of Africa and the Great Lakes (EHAGL) show that as of April 2021, Uganda had the largest share (31%) of refugees in the region (UNHCR 2020). Estimates by the Office of the Prime Minister of the Government of Uganda further show that there were slightly over 1.4 million refugees and asylum seekers in the country in 13 settlements as of February 2021 (OPM, UNHCR, & GoU, 2021). Females comprised 52%, while children below the age of 18 years made up 57% of the refugee population in the country, with almost similar proportions of female and male children (49% and 51%, respectively).

Overall, close to two-thirds (61%) of the refugee population in Uganda are from South Sudan (OPM, UNHCR, & GoU, 2021). However, the distribution of refugees by country of origin varies across settlements. The majority of refugees in Adjumani, Bidibidi, Imvepi, Kiryandongo, Palabek, Palorinya, and Rhino settlements are from South Sudan, while most refugees in Kyaka II, Kyangali, Lobule and Rwamwanja settlements are from the Democratic Republic of Congo. Refugees from Rwanda and Burundi form a substantial proportion of the population in Nakivale settlement.

As in many countries, VAC remains a significant issue in Uganda. Uganda's 2015 VAC Survey (MGLSD, 2015) – a national, cross-sectional household survey of children and young adults aged 13 to 24 years, was originally developed to focus on development (non-refugee) settings. This survey indicated that, nationally, three-quarters (75%) of females and males aged 18 to 24 have experienced sexual, physical, and/or emotional violence in childhood. A high prevalence of these violence forms is also observed in the past 12 months among those aged 13 to 17 (females: 50%; males: 66%). The 2022 Uganda HVACS is the first-ever representative study to estimate the prevalence of sexual, physical, and emotional violence against children and youth in refugee settlements. Results of this survey can be used to identify risk and protective factors for violence and abuse to develop effective prevention strategies, as well as inform HIV epidemic control in refugee settings in Uganda.

The survey covered questions on demographics; socioeconomic status; parent relationships; education; general connectedness to family, friends, and community; marital status and relationships; sexual behaviour and practices; transactional sex; pregnancy; HIV/AIDS service history; experiences of physical, sexual, and emotional violence; health problems associated with exposure to violence; and utilisation of services for violence. In addition, the survey included questions on disability and female genital mutilation. Those who experienced any form of violence were also asked whether the incident occurred before or after arriving in the refugee settlement. For survey participants ages 18 to 24, the focus was on experiences of violence during their childhood (before age 18), rather than about their current or adulthood experiences. For participants in the 13- to 17-year-old age range, the survey questions centred on their experiences within the preceding 12 months.

The main findings from the Uganda HVACS include the following:

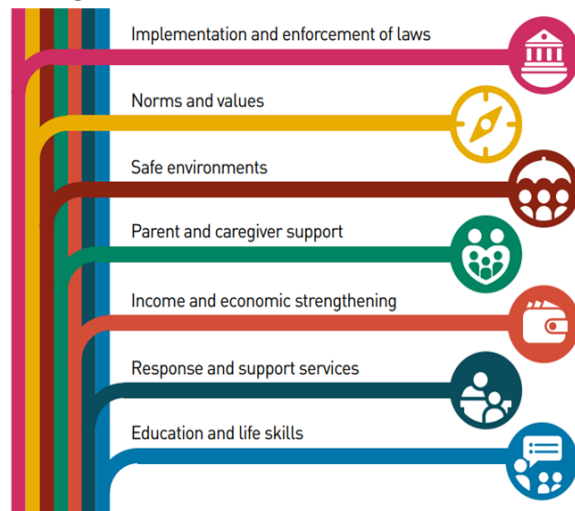
- The prevalence of violence against children in refugee settings in Uganda is high, with nearly half of females and males aged 18-24 years having experienced at least one form of violence (sexual, physical or emotional) before age 18. In addition, about a third (32%) of females and 40% of males aged 13-17 years experienced at least one form of violence in the past 12 months. We caution against making direct comparisons between the magnitude of VAC in Uganda's refugee settings and that of the national context for the following reasons: 1) the difference in time frames between data on national VAC prevalence (available from the 2015 National VACS [MGLSD 2015]) and the 2022 Uganda HVACS – a 7-year period; 2) sampling frame differences: the sampling frame for the national VACS was based on the 2014 Uganda population and housing census (comprising Ugandans, primarily), while the sampling frame for the HVACS was based on the 2022 refugee population (composed primarily of South Sudanese in addition to others displaced from their countries of origin); 3) The array of interventions that have been carried out across Uganda in the 7-year period between the two surveys: any differences in the magnitude of violence could be due to temporal variations in the prevalence of violence in response to the intensity of interventions to address VAC or the lack thereof; and 4) As displacement places refugees at more obvious exposure to violence, refugee contexts tend to benefit from emergency prevention and response initiatives that might mitigate some of the risks of violence at a greater level than national settings.
- The majority of females and a considerable proportion of males in the 18-24-year-old age range experienced their first incident of sexual, physical, or emotional violence *after* arriving in a refugee settlement.
- Physical violence was the most common type of violence against children among both females and males across age groups. Males were more likely than females to experience physical violence in childhood, while females aged 18-24 were more likely than males to have experienced sexual violence in childhood.
- Across age groups, perpetrators of violence against children were mostly people that the children knew, including parents or adult relatives, adults in the community, an intimate partner, classmates/schoolmates, or friends.
- Certain sub-groups of children are particularly vulnerable to experiencing violence compared to others, including those who witnessed violence in the home (regardless of age), those living with disabilities (regardless of age range), and those who were married or cohabiting (specifically, those aged 18-24).
- Despite high knowledge of where to seek help, most children who experienced violence did not disclose their experiences or seek help. This was the case across age groups. Compared to those who did not experience violence, children who experienced violence were more likely to:
 - perpetrate violence (across age groups, those who experienced sexual violence were more likely to have perpetrated some form of violence against others in their lifetime, and males aged 18-24 who experienced physical violence in childhood were more likely to perpetrate physical intimate partner violence);
 - experience mental health problems (across age groups, except for girls aged 13-17 who experienced physical violence in the past 12 months); and
 - engage in risk-taking behaviours (e.g., females aged 18-24 years who experienced sexual violence in childhood, or who were currently sexually active, while also having experienced emotional violence in childhood).
- There were high levels of endorsement of traditional norms about gender, sexual behaviour and intimate partner violence among children and young people in the refugee settings, across age groups.

Data to Action: Using HVACS Data, Evidence-Based Solutions and Partnerships to Drive National Action

Sponsored by FCDO and led by the Baobab Research Programme Consortium with support from the Together for Girls (TfG) partnership, the 2022 Uganda HVACS materialised through a collaborative effort involving several partners. The Uganda Department of Refugees, Office of the Prime Minister, provided critical and practical guidance on conducting surveys in refugee settings in Uganda, and lent staff to support community entry and to provide troubleshooting assistance in every region of the country. The UNHCR EHAGL Regional Bureau played a facilitative, catalytic role, linking Baobab to the UNHCR Uganda country operation, and promoting the collaboration at the country level. In turn, UNHCR Uganda lent technical assistance on sampling techniques in refugee contexts in Uganda, and for ensuring efficient mechanisms for psychosocial support to study participants during data collection. Related to this, five UNHCR implementing partners in Uganda were involved in the provision of home-based psychosocial care to survey participants in need of it, coupled with referrals for continued care beyond the data collection period: Danish Refugee Council, Humanitarian Assistance and Development Services, International Rescue Committee, Lutheran World Federation, and Medical Teams International. The Violence Against Children and Youth Survey and its humanitarian version are products of the TfG partnership, which comprises the U.S. Centers for Disease Control and Prevention (CDC) and other partners. TfG and CDC provided pre- and post-survey technical support and guidance for the overall study, as well as for the HVACS D2A Workshop, with CDC also co-facilitating this workshop in Kampala, Uganda.

INSPIRE: SEVEN STRATEGIES FOR ENDING VIOLENCE AGAINST CHILDREN

An evidence-based technical package to support countries in their efforts to prevent and respond to violence against children aged 0-17 years. The package includes the core document describing what the INSPIRE strategies and interventions are; an implementation handbook that provides details on how to implement the interventions, and a set of indicators to measure the uptake of INSPIRE and its impact on levels of violence against children. The strategies are based on the best available evidence of what works. The seven strategies include:



In 2016, the World Health Organisation and partners released **INSPIRE: Seven Strategies for Ending Violence Against Children**, a technical package that includes evidence-based strategies with demonstrated success in preventing and responding to violence in childhood.¹ These strategies aim to create the safe, nurturing environments and relationships that allow children and youth to thrive. In Africa, scientific research on the prevalence and incidence of violence and exploitation of children, adolescents, and young adults is still in its nascent stages in most countries. This is particularly the case in humanitarian contexts, where Violence Against Children and Youth Surveys have not been conducted before now, despite the need for robust evidence in these settings.

The 2019 Minimum Standards for Child Protection in Humanitarian Action (CPMS) and the 2016 INSPIRE package are complementary and mutually reinforcing (CP AoR, 2020). They both advance similar approaches and principles for ensuring the safeguarding of children, while considering several similar cross-cutting operational characteristics. Drawing on both could therefore potentially result in better

outcomes for children in humanitarian contexts. For some settings, INSPIRE interventions can be employed to support the implementation of certain CPMS standards. In turn, key actions under the CPMS provide useful guidance for INSPIRE intervention implementation. During the Uganda HVACS D2A workshop, participants were introduced to both INSPIRE and the CPMS, and used both to determine actions in response to the HVACS findings.

¹ For more information on the INSPIRE Technical Package, visit the website at <https://inspire-strategies.org>

Data to Action Workshop: An Overview

The 2022 Uganda HVACS provided robust and critical information on the prevalence and context of VAC to inform policy and programmatic decision-making. The Government of Uganda, CSOs and international partners held a Data to Action workshop in Kampala from June 14-16, 2023, to create violence prevention priorities directly informed by the HVACS data, and to translate HVACS findings into prioritised and actionable next steps by linking the HVACS data to the **INSPIRE: Seven Strategies for Ending Violence Against Children** technical package and the **Child Protection Minimal Standards (CPMS)**. The technical package provides a source for evidence-based violence prevention programming that countries can utilise in the operationalisation of relevant policies, such as the [Uganda National Child Policy](#) and the [National Child Policy Implementation Plan](#). By linking the HVACS data to the INSPIRE technical package, the workshop provided a crucial link between data and action by asking stakeholders across sectors to interpret and respond to findings from the HVACS. The outcome of the D2A workshop entailed data-driven, evidence-based recommendations for Uganda to prevent and respond to violence against children in humanitarian settings. These new priorities complement the Uganda National Child Policy, along with the National Child Policy Implementation Plan, as they draw on recent and robust evidence for information actions centred specifically on refugee populations.

The D2A workshop was co-convened by the Office of the Prime Minister's (OPM's) Department of Refugees and the Baobab Research Programme Consortium, with support from the Ministry of Gender, UNHCR, and the U.S. Centers for Disease Control and Prevention (CDC) headquarters staff. Funded by the Foreign, Commonwealth and Development Office (FCDO), the workshop was geared toward working with humanitarian stakeholders in Uganda to translate the HVACS data into prioritised and actionable next steps. It consisted of a review of the HVACS data, coupled with sector-specific breakout sessions to prioritise areas of concern and develop strategies to respond to those findings of concern based on the INSPIRE technical package. The workshop was conducted over three days in Kampala, and brought together state officials from various ministries, and representatives or delegates from International Non-Governmental Organisations (INGOs), Non-Governmental Organisations (NGOs), CSOs, UN bodies, the Foreign Commonwealth and Development Office of the United Kingdom, other Embassies, CDC, and the Baobab Research Programme Consortium (RPC), comprising the Population Council, Inc., the Population Council, Kenya; and the African Population and Health Research Center. Over 70 participants were in attendance on any given day, with an even gender split, as outlined below.

	Day 1 14th June	Day 2 15th June	Day 3 16th June
Ministry of Gender, Labour and Social Development	15	16	12
OPM Uganda and Other State Officials	11	06	05
OPM Settlement Commandants	07	10	11
iNGOs, NGOs, and CSOs	26	32	28
UNHCR, UN Women	02	05	05
FCDO, Other Embassies	02	-	-
CDC	02	02	02
Baobab RPC	12	12	11
TOTAL	77	83	74
Female	37	42	40
Male	40	41	34

Following brief opening and welcoming remarks by Mr. Charles Bafaki, Commissioner for Refugees, OPM Uganda, participants were given an opportunity to introduce themselves, their affiliations, and sectors of work. Guided by their specialties, participants were divided into four sectors – Child Protection, Gender-Based Violence (GBV), Health, and Education – and assigned to sector-specific tables/groups. As expected, the largest contingent was working in Child Protection, followed by GBV, Health, and then Education. Participants would sit in these designated tables for the entire workshop, allowing for sectoral deep dives as guided by various workshop exercises.



Commissioner for Refugees, OPM, giving remarks.



Participants sitting across sector-designated tables.

Day One of the D2A workshop was spent on context-setting. Participants were introduced to the objectives of the workshop and then taken through the global context of violence against children and youth. The local context of violence against children and youth in Uganda was also presented, covering some of the data from the Uganda National Violence Against Children and Youth Survey (VACS), as well as an introduction to the first-ever representative VACS in humanitarian settings (Uganda HVACS) that had been completed by the Baobab RPC. The Ending VAC Focal Person within

the Ministry of Gender, Labour, and Social Development then took the audience through highlights from the [Uganda National Child Policy](#) and the [National Child Policy Implementation Plan](#) with the objective of showing that national action planning and implementation around VAC was already underway in Uganda, with the D2A workshop positioned to enrich existing plans by filling gaps in evidence to inform actions centred on refugee populations. Representatives from the CDC provided an overview of the INSPIRE package and the CPMS, including taking participants through an orientation activity consisting of a “treasure hunt,” to better acquaint the audience with these key global resources providing multisectoral guidelines for implementing, adapting, coordinating, and monitoring interventions to prevent and respond to VAC. Copies of these documents were made available for participants to refer to as needed through the next series of workshop activities. To familiarise participants with the findings, the day’s proceedings ended with sector-specific discussions, following presentations on the definitions, prevalence, perpetrator types, age at first experience, negative health consequences of, and risk behaviours associated with childhood experiences of sexual, physical, and emotional violence from the Uganda HVACS data. A UNHCR representative gave the closing remarks by going over a summary of the day’s achievements and discussions and providing a preview of the following day’s activities.



Left: Abdul Ramadhan, Refugee Settlement Commandant (OPM) - Workshop Delegate.



Right: Andrés Villaveces, CDC representative and D2A Workshop co-facilitator.

On Day Two, more detailed presentations were given on risk factors, health outcomes, and perpetration of sexual, physical, and emotional violence against children and youth from the Uganda HVACS dataset. Relevant findings from this dataset were used to tease out violence prevention priorities, which were then mapped against the 7 INSPIRE strategies. The 7 INSPIRE strategies, are: ***I for the implementation and enforcement of laws; N for norms and values; S for safe environments; P for parent and caregiver support; I for income and economic strengthening; R for response and support services; and E for education and life skills.*** The mapping excluded INSPIRE strategy ***I for the implementation and enforcement of laws.*** due to a lack of data points capturing this component (i.e., the Uganda HVACS dataset had no indicators relevant to this component).

The rest of the day was spent on sector-specific breakout exercises. One laptop with an Action Planning Worksheet for Humanitarian Settings in Uganda template was handed out to each sector for electronic collection and reporting of responses from each of the four groups. During **Breakout Exercise 1**, participants were asked to consider national priorities and/or policies in their sectors, specifically in the context of the National Child Policy and Implementation Plan, and to then select the top 2 priority indicators (per sector) that needed to be targeted for addressing VAC in humanitarian settings (from a list of 15 key indicators from the Uganda HVACS findings provided to participants). Although there were no data points (and, therefore, no indicators) on the list that explored the *I* component (***implementation and enforcement of laws***), during the selection of priority indicators, some participants still identified priorities that fall under the *I* component (e.g., the importance of legal intervention when it comes to child protection cases). This explains why the *I* component features in Figure 3 below.

To better understand the violence prevention and response landscape, and inform future efforts, **Breakout Exercise 2** included mapping existing humanitarian violence prevention and response efforts for each of the 2 priorities identified in Breakout Exercise 1 against the INSPIRE/CPMS strategy groupings, including highlighting where gaps in delivery existed. At the end of both exercises, a combined total of 8 priority indicators were selected from the original list of 15 key indicators. During a plenary session, each sector presented their justification for the selection of their priority indicators, and existing efforts focused on prevention, or response, or both.

On the third and final day of the D2A workshop, sector groups continued work on their Action Planning Worksheet for Humanitarian Settings in Uganda. **Breakout Exercise 3** entailed choosing relevant INSPIRE strategies and approaches that could be used to bolster interventions related to their selected priority indicators in humanitarian settings, and discussing any potential barriers or opportunities and collaborations that could impact the implementation of these selected strategies. Finally, in **Breakout Exercise 4**, participants were asked to discuss the more immediate next steps in addressing selected priority indicators and planning for INSPIRE implementation by considering who the focal agency or lead partner ought to be, and which supporting ministries/organisations/agencies would need to be engaged. As on the day prior, all sectors presented the results of these discussions to other sectors. As deliberations came to a close, facilitators reviewed key priorities and actions identified from the workshop and presented multi-sector priorities for VAC prevention in humanitarian settings based on the mapping of CPMS standards and pillars onto INSPIRE strategies.

Priority Setting: Using HVACS Data and INSPIRE Strategies to Develop Data-Driven, Evidence-Informed Priorities to Address VAC

The D2A workshop provided an opportunity for key violence prevention stakeholders to convene and set evidence-based violence prevention priorities to protect the children of Uganda. Humanitarian stakeholders in attendance represented the following sectors: Child Protection, Education, GBV and Health.



Education Sector Group



Child Protection Sector Group



GBV Sector Group



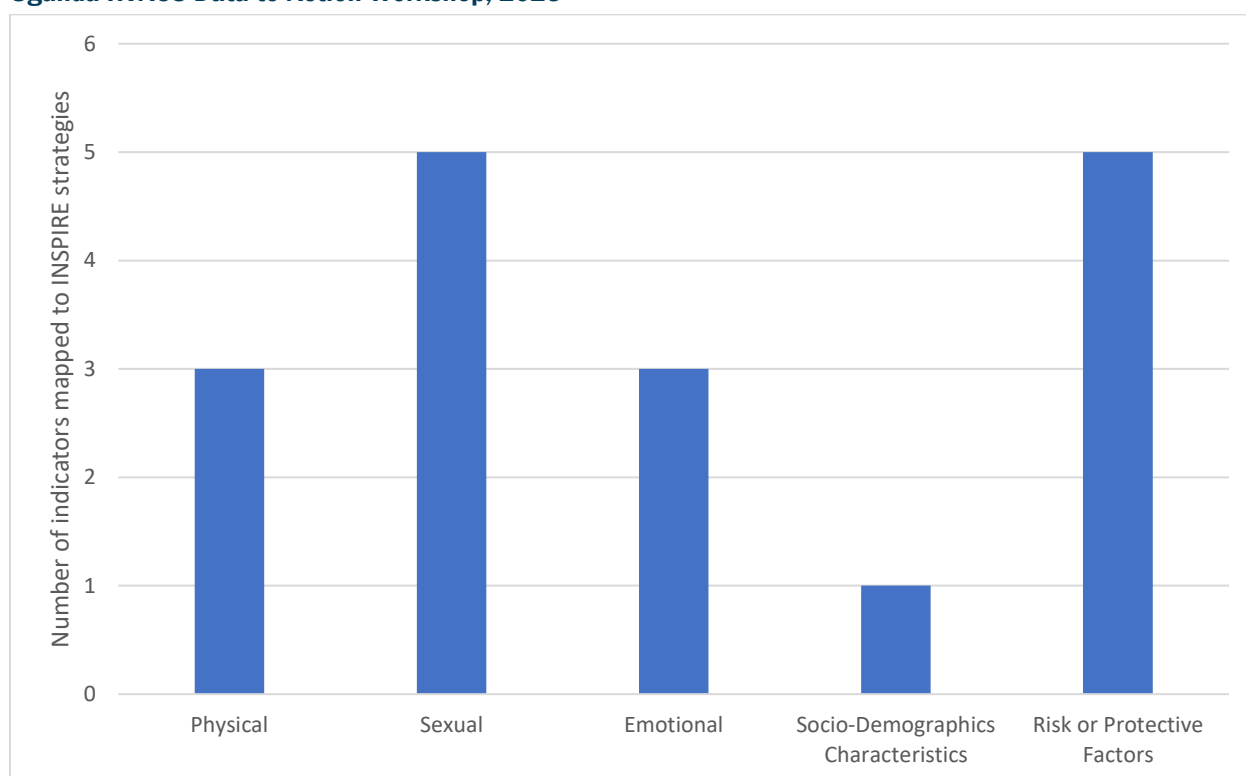
Health Sector Group

Participants/sectors identified eight (8) key priority areas from the HVACS results on which to centre future national action on VAC prevention, while addressing risk factors/behaviours and health consequences of violence. These priorities are listed in the Table below.

Priority Indicators by Sector	
Child Protection	
1.	Parental monitoring and supervision
2.	First incident of sexual violence happened after arriving in the settlement before age 18 (among participants ages 18-24)
Education	
3.	Physical discipline and verbal aggression by caregivers (in the past 12 months)
4.	Not currently enrolled in school (access to education)
Gender-Based Violence	
5.	Endorsed harmful gender norms
6.	Sought services for sexual violence
Health	
7.	Sexual violence (sexual violence by any perpetrator before age 18)
8.	Mental Distress in the past 30 days for victims of sexual violence (Anxiety and Depression)

Sexual violence emerged as a recurring priority issue (i.e., the top 2 issues selected as priorities in each sector) for informing future actions across all sectors except for Education.

Figure 1: Number of priorities that address types of violence or characteristics associated with violence – Uganda HVACS Data-to-Action Workshop, 2023



Once participants identified VAC priorities informed by the HVACS results, the INSPIRE Technical Package provided a source for evidence-based violence prevention planning. Each priority identified by sectors is addressed by one or more strategies, approaches and interventions outlined in the INSPIRE technical package. Figure 2 below provides a summary of the VAC priorities identified by each sector and how each priority links to strategies outlined in the INSPIRE technical package.

Figure 2: Violence Against Children priorities and INSPIRE strategies by sector – Uganda HVACS Data-to-Action Workshop, 2023

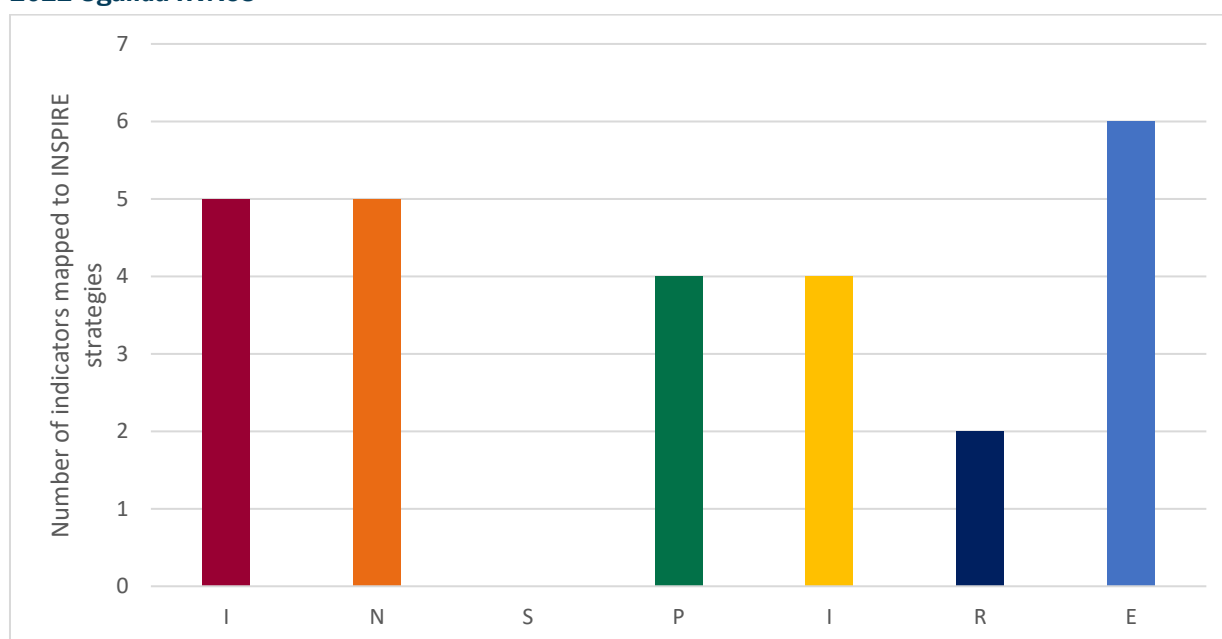
HVACS PRIORITY INDICATORS FOR THE PREVENTION OF VIOLENCE AGAINST CHILDREN AND YOUTH	SECTOR REPRESENTED	LINKED INSPIRE STRATEGIES						
		I	N	S	P	I	R	E
1. Parental monitoring and supervision	Child Protection							
2. First incident of sexual violence happened after arriving the settlement before age 18	Child Protection							
3. Physical discipline and verbal aggression by caregivers (in the past 12 months)	Education							
4. Not currently enrolled in school (access to education)	Education							
5. Endorsed harmful gender norms	GBV							
6. Sought services for sexual violence	GBV							
7. Sexual violence (sexual violence by any perpetrator before age 18)	Health							
8. Mental distress in the past 30 days for victims of violence (anxiety and depression)	Health							

* Included participation of CSOs

INSPIRE represents seven strategies to prevent violence against children that stand for: **I**= Implementation of laws; **N**= Norms and values; **S**= Safe environments; **P**= Parent and caregiver support; **I**= Income and economic strengthening; **R**= Response and support services; **E**= Education and life skills

The VAC priorities and accompanying INSPIRE strategies identified during the D2A workshop support data-driven, evidence-based priorities to prevent and respond to VAC and provide a roadmap to complement Uganda's National Child Policy Implementation Plan. In response to the Uganda HVACS findings, the most recommended INSPIRE strategies on the part of humanitarian stakeholders (see Figure 3) were related to 'Education and life skills,' followed by 'Implementation of laws' and 'Norms and values' in equal measure; and then by 'Parent and caregiver support' and 'Income and economic strengthening' in equal measure; and lastly, by 'Response and support services.' No recommended strategies focused on 'Safe environments.'

Figure 3: Number of violence prevention priorities mapped to INSPIRE strategies based on data from the 2022 Uganda HVACS



INSPIRE represents seven strategies to prevent violence against children that stand for: **I**= Implementation of laws; **N**= Norms and values; **S**= Safe environments; **P**= Parent and caregiver support; **I**= Income and economic strengthening; **R**= Response and support services; **E**= Education and life skills

There was broad alignment between the selected INSPIRE priority indicators and the Minimum Standards for Child Protection in Humanitarian Action (CPMS). Pillars 1, 2, and 4 of the CPMS contain standards that are largely operational in nature and that are already known to correspond perfectly to the INSPIRE priority indicators (see Figure 3). Pillar 3 of the CPMS, however, focuses on programming issues. The INSPIRE priority indicators corresponded with almost all the standards within Pillar 3.

Figure 4: Correspondence between the selected priority indicators mapped to the CPMS standards and pillars based on data from the 2022 Uganda HVACS

Child Protection Minimum Standards			Selected Priority Indicator							
Pillars	Standards		1	2	3	4	5	6	7	8
1	1	Coordination								
1	2	Human resources								
1	3	Communications and advocacy								
1	4	Programme cycle management								
1	5	Information management								
1	6	Child protection monitoring								
2	7	Dangers and injuries								
2	8	Physical and emotional maltreatment								
2	9	Sexual and gender-based violence								
2	10	Mental health and psychological distress								
2	11	Children associated with armed forces and armed groups								
2	12	Child labour								
2	13	Unaccompanied and separated children								
3	14	Socio-ecological approach to child protection programming								
3	15	Group activities for child wellbeing								
3	16	Strengthening family and caregiving environments								
3	17	Community level approaches								
3	18	Case management								
3	19	Alternative care								
3	20	Justice for children								
4	21	Food security and child protection								
4	22	Livelihoods and child protection								
4	23	Education and child protection								
4	24	Health and child protection								
4	25	Nutrition and child protection								
4	26	Water, sanitation and hygiene (WASH) and child protection								
4	27	Shelter and child protection								
4	28	Camp management and child protection								

During the workshop, sectors identified several challenges to addressing selected priorities and implementing VAC prevention programming in humanitarian contexts, including limited human and financial resources; the high cost of some interventions; partners' tendency to work in silos; barriers to service access, coupled with limited follow-up and referral in case management; the sustainability of approaches; language barriers; and online misinformation. Alongside these challenges are opportunities, such as the convening power of the OPM, UNHCR, and other UN

agencies, and the existing humanitarian working groups established by these agencies to mitigate silo-working and financial inefficiencies. These convenings (made up of service delivery and research organisations, alike) can also help to match implementing partners to evidence and evidence-based approaches that are appropriate for low-resource settings and sustainable. The availability of the HVACS data also help to prioritise the most pressing VAC issues.

Next Steps and Post-Data to Action Efforts

Integration of Recommendations from the Uganda HVACS into the National Child Policy Implementation Plan

The Government of Uganda, led by the Office of the Prime Minister (Department of Refugees) and the Ministry of Gender, Labour, and Social Development plan to use the priorities identified during the D2A workshop to inform key follow up activities.

An initial step involved the establishment of institutional coordinating mechanisms (within the government and with supporting agencies outside of the government (bilateral, multilateral, and cooperating agencies). The MGLSD was identified as the lead government agency for coordinating activities, with support from OPM. A range of activities to be undertaken in response to the HVACS findings through the end of the National Child Policy Implementation Plan period were also identified by stakeholders. These have been organised thematically in the Table below.

Leading coordination:	Ministry of Gender, Labour, and Social Development (MGLSD) with support of the Office of the Prime Minister and international coordinating institutions
Other participants:	Implementing partners comprising the National Child Protection and GBV Sub-Working Groups, including representatives at the national and local levels
Timeline:	2 years (through end of 2025)

Activities Proposed for Implementation in Response to the Uganda HVACS Data

	<i>Dissemination Activities</i>
1.	Development of materials to promote the further dissemination of the HVACS findings, internally and externally, including to regional and global humanitarian actors
2.	Dissemination of the National Parenting Guidelines
3.	Use of community radio stations for dissemination to communities
3.	Harness OPM's convening power and OPM's coordination meetings as platforms for the dissemination of the results
	<i>Partnership Activities</i>
1.	Coordination with: <ul style="list-style-type: none"> Government: Ministry of Education and Sports OPM-Community Service Department; Local Government Departments of Community Service and Probation Offices UN agencies: UNICEF, UNHCR, UNESCO, UN Women INGOs, CSOs
2.	Programme/project design and proposal-writing
3.	Resource mobilisation and advocacy for resources (financial and human resources)
	<i>Information-Gathering Activities</i>
1.	Mapping of existing actors to promote synergies
2.	Assessment and status of the functionality of existing structures
	<i>Intervention Activities</i>
	<i>Training Interventions</i>
1.	Relevant training of providers in various sectors (health, social, etc.) by partners in areas relevant to the HVACS findings
2.	Enriching Psychological First Aid training curricular to be reflective of the HVACS findings

3.	Training of Trainers and key stakeholders in education (e.g., headteachers, teachers, School Management Committees, Parent-Teacher Associations) in response to the HVACS findings
4.	Formation and training of parents and caregivers on positive parenting approaches
5.	Establishment and training of community structures
	<u>Non-Training Interventions</u>
1.	Establishment of school clubs
2.	Aligning Child Protection Committees with Child Wellbeing Committees
3.	Roll-out of the National Framework for Alternative Care
4.	Identification of unaccompanied minors and facilitating and monitoring alternative care arrangements
5.	Orientation of new arrivals and continuous community awareness creation on children's rights and responsibilities toward them
6.	Use of child protection referral posters at reception centers (highlighting the available services)
7.	Provision of survivor-centered multisectoral response services, including psychosocial support, legal representation, juvenile justice, and ensuring safety and security
8.	Implementation of the SASA! (<i>Start, Awareness, Support and Action!</i>) prevention model

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