



UNHCR
The UN
Refugee Agency

5-YEAR INTERAGENCY SGBV STRATEGY UGANDA



2016 - 2020

Our vision is a community free of SGBV



EXECUTIVE SUMMARY

■ VISION & MISSION

Sexual and gender-based violence (SGBV) is widespread in Uganda among the refugee as well as the national population and calls for special attention. The vision of this interagency 5-year SGBV Strategy is therefore 'a community free of SGBV'. The mission is: through the collaboration between all stakeholders and in particular through engaging, enabling as well as empowering the communities in pro-active and systematic SGBV prevention and response an SGBV-free environment will be created by 2020 and men, women, boys and girls will be protected.

■ APPROACH

The SGBV strategy is based on a comprehensive and coordinated approach and is guided by the common principles of SGBV programming. Those include a survivor-centered, multi-sectoral prevention and response and fall within a rights-, results-, evidence-based as well as age, gender and diversity (AGD) framework. The strategy further builds on a multi-annual, interagency, collaborative and community-based protection approach. It recognizes that reaching meaningful impact in addressing SGBV requires long-term programming.

■ STRATEGIC OBJECTIVES

Based on a national interagency strategy development workshop in October 2015 with all key stakeholders as well as processes of community participation, five strategic objectives were determined to guide the 5-year SGBV strategy including:

1. **Putting the Community at the Center:** Capacity building, awareness raising and shifting ownership and leadership from an agency-led approach to a community-led approach with a focus on community-based protection
2. **Better Multi-sectoral Response:** Strengthening and improving individual case management systems, referral pathways and SGBV multi-sectoral response (including early identification, access to health, MHPSS, security, justice, shelter, nutrition, sanitary materials, livelihood and durable solutions)
3. **Better Mainstreaming and Coordination:** Improving mainstreaming of SGBV prevention and response and cross-sectoral coordination (including education, child protection, WASH, shelter, livelihood, food security) as well as national-level coordination and advocacy
4. **Creating Safe Environments:** Establishing safe environments and access to energy as well as adequate lighting in off-grid areas
5. **Particular Attention to Most Vulnerable Groups:** Particular attention will be paid to the protection of children against SGBV, male survivors and persons with specific needs.

Based on the Strategy, local action plans are developed with a five year perspective to aim at progressive achievements.



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VISION, MISSION & STRATEGY HOUSE



VISION

Our vision is a community free of SGBV.



MISSION

Through the collaboration between all stakeholders and in particular through engaging, enabling as well as empowering the communities in pro-active and systematic SGBV prevention and response an SGBV-free environment will be created by 2020 and men, women, boys and girls will be protected.



STRATEGY HOUSE

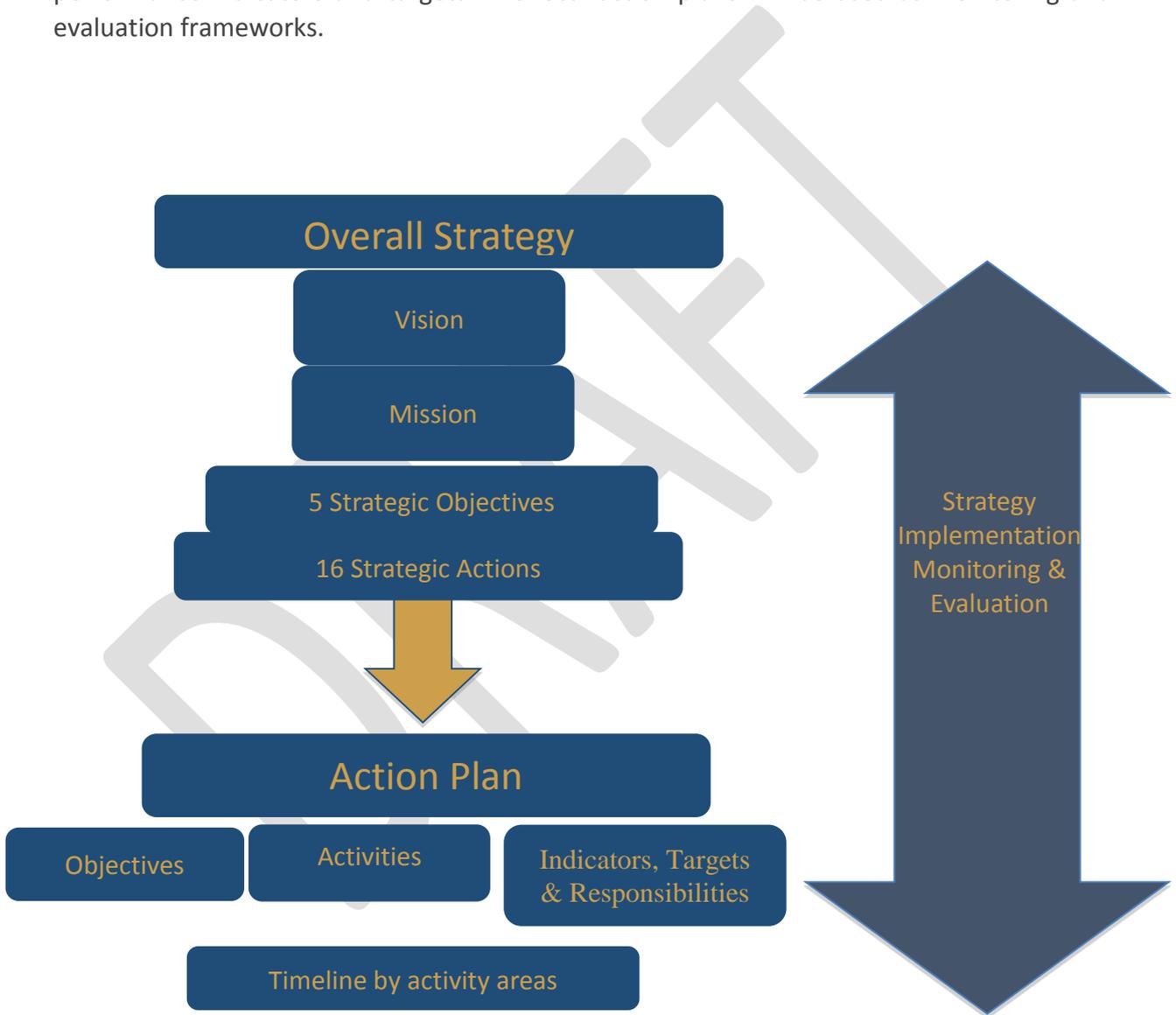
The Uganda SGBV strategy formulates a long-term vision and mission, which guides all components of the strategy outlined below. The strategy applies to all population planning groups and locations with persons of concern in Uganda.





STRATEGY COMPONENTS

The Strategy outlines 5 strategic objectives and based on these 16 strategic actions. The latter constitute a high level national action plan. Grounded in the strategic objectives and actions, local action plans (for action plan templates see respective section below) are developed with a five year perspective to aim at progressive achievements. The action plans include information on selected objectives, impact indicators, respective activities, outputs, performance indicators and targets. The local action plans will be used as monitoring and evaluation frameworks.

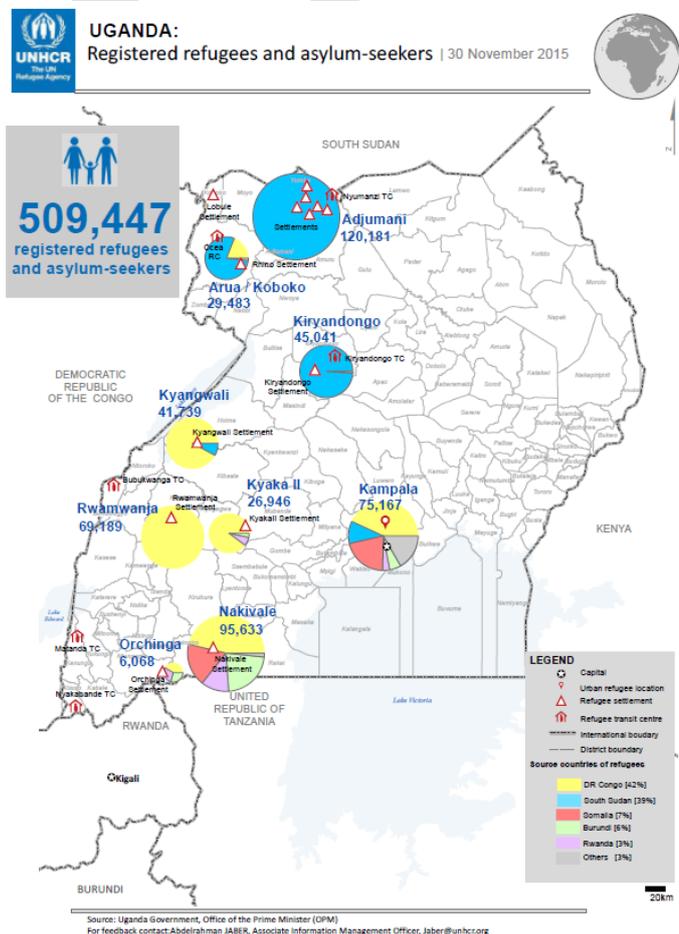




INTRODUCTION & BACKGROUND

CONTEXT, NUMBERS & PROJECTED DISPLACEMENT

Forced displacement and continued influx of refugees from different countries in the region remain to be persistent challenges for Uganda. The number of registered refugees and asylum seekers stands at 510,000 at the end of 2015. Persons of concern are forcibly displaced from South Sudan, the Democratic Republic of the Congo (DRC), Somalia, Burundi, Rwanda, Ethiopia, Eritrea and other countries in the region.¹ As the 3rd largest refugee hosting country in the region, and the 8th largest refugee hosting country in the world, Uganda is currently hosting the biggest number of refugees in its history. Relative to its national GDP, Uganda is the 4th largest host country in the world. Nearly two-thirds of the refugees in the country have arrived in the past five years, with nearly 100,000 new arrivals in 2015 only. The trend is likely to continue, with Uganda currently experiencing influxes from South Sudan, the DRC, Burundi and Somalia. As of today, the country is receiving between 3,000-4,000 new arrivals per month.



¹ Figures reported by the Government of Uganda's (GoU) Office of the Prime Minister's (OPM) Department of Disaster Preparedness and Refugees, Refugee Information Management System (RIMS), November 2015.



SITUATION ANALYSIS & PROGRAMME REVIEW

■ SITUATION ANALYSIS

SGBV in Uganda

Sexual and gender-based violence (SGBV) is widespread in Uganda among the refugee as well as the national population and calls for special attention. Despite a lack of representative statistics and data about the scope of the violence, all stakeholders agree that the levels of SGBV are unacceptably high and must be adequately addressed.

According to a national prevalence study conducted by the Ministry of Gender, Labour and Social Development in 2008², 39% of women and 11% of men have ever experienced sexual violence and 60% of women and 53% of men have experienced physical violence since the age of 15.

Particularly, refugees are at heightened risk of SGBV due to forced displacement and other factors. Data from a mixed-method interagency SGBV baseline assessment with more than 1,000 South Sudanese refugee participants conducted in West Nile in August 2015 reflect a disturbingly high prevalence of SGBV³. 44% knew someone who had experienced SGBV in the past 6 months, almost half of which were physical violence. This confirms results of an earlier study that found 45% of the refugee community members being exposed to SGBV since arrival. In general, prevalent forms and types are intimate partner violence / domestic violence, physical violence, early/child marriage, economic violence, rape, defilement and other types of sexual violence. According to the recent study, perpetrators of self-reported SGBV are 53.5% men, 33.5% women, 10% boy, 2.6% girl and 0.4% humanitarian workers. Confirming a culture of silence, 90% of the respondents perceive that there are community members who do not report SGBV. Reasons given are stigma, shame, fear of family, distance from services, cost of services and considering SGBV as a private matter. The study further found many attitudes among the community that endorse violence as a normal means of men establishing control over their wives and children.

² Ministry of Gender, Labour and Social Development (2008). National Situational Analysis of Sexual and Gender Based Violence and its Impact on Increased Vulnerability of Women to HIV /AIDs in Uganda. Kampala: MGLSD.

³ ACB (2015). Interagency SGBV Assessment of South Sudanese Refugees in West Nile, Uganda. Kampala, ACB. (draft report)

According to a stakeholder review across the different regions hosting persons of concern, the main forms and types of SGBV were reported as rape, defilement, sexual assault, domestic violence / intimate partner violence, physical violence, forced and child marriage, economic violence, emotional violence as well as FGC/M and forced prostitution. The two latter are specific to the urban context. The main root causes of SGBV were gender and power inequalities. The main contributing factors according to the participants were social and cultural norms, beliefs and practices, changes as well as challenges related to the forced displacement, poverty, poor living conditions, lack of livelihood and ability to meeting basic needs, lack of education, alcohol and drug abuse and lack of knowledge about the applicable legal framework.

The main **challenges** in addressing SGBV in Uganda are:

1) SGBV is at the core of protection, but one priority among many

SGBV is a core protection area, but considered one priority among many others. While the prevalence is evidently very high and SGBV is receiving more attention, this is often not reflected in resource distribution, complexity considerations and decision making. Particularly in the emergency settings, but also other settings, more attention is paid to the delivery of assistance, but the urgency of addressing SGBV, respective integration and mainstreaming of SGBV programming, is often neglected. Hence SGBV has to be prioritized to ensure adequate protection of women, men and children from SGBV, to prevent more severe consequences and to thwart a culture of acceptance.

2) Socio-cultural attitudes and behaviors

Assessments and experiences revealed deep rooted negative attitudes and behaviors in the communities of concern towards gender and power equality. Examples are the practice of forced and child marriage by many communities, wide-spread acceptance of wife beating and punishment of children and frequent discrimination of SGBV survivors and their families.

3) Underreporting, widespread impunity, inefficiency of the response system

Negative attitudes and behaviors contribute to a culture of silence and concealment, which in turn leads to either late or under-reporting. This is further aggravated by the inefficiency of the law enforcement and justice systems, the lack of access to and quality of response systems, the fear and lack of protection for survivors and witnesses, weak coordination and the overstepping of authority by local and traditional courts engaging in capital offences. As a result, most of the perpetrators go un-punished and impunity is rampant.

4) Weak multi-sectoral, coordinated and impact-focused response

The sectoral response is often fragmented, lacks multi-sectoral coordination between the medical, MHPSS, security and judicial response sectors, impact focus and a comprehensive approach. Most actions are taken sector specific and with a short-term perspective. In most settings case management and care coordination systems are weak. Insufficient resources and lack of commitment hamper efforts to improve the systems and capacities.

5) Lack of a long-term and coordinated approach to SGBV programming

Many interventions are implemented in isolation, with a short-term focus and do not go beyond knowledge and awareness raising of communities. In order to create impact, SGBV programming needs to aim at behavior and social change as well as justice, address root causes and has to be systematically coordinated and planned from long-term perspective.

6) Gaps in mainstreaming of SGBV across sectors

Significant gaps with regards to SGBV and gender mainstreaming into other sectors exist, due to lack of capacities, cross-sectoral coordination and advocacy for targeted interventions, integrated assessments, action plans and monitoring.

7) Weak implementation and gaps in the applicable legal framework as well policies

Although there have been significant developments of the legal framework as well as with regards to the policies, there are significant gaps with regards to its dissemination, implementation, but also content (see annex: Applicable Legal Framework).

8) Gaps in resources and capacities, high staff turn over

Although SGBV requires special attention due to its scope and complexity, it is often not prioritized in overall funding distribution. There is hence a general gap of financial resources for SGBV programming. At different levels, there is consequently a lack of human as well as technical capacities. In addition, high staff turn-over requires regular re-training.

9) Weak and parallel information management systems and data

There is a lack of representative statistics and data about the scope and context of SGBV as well as a lack of evidence-base for good practices. GBVIMS has been used by UNHCR and partners in different refugee settings since 2012. The development of a national Information Sharing Protocol is outstanding. Recently, the National Gender-based Violence Database (NGBVD) has been launched. In order to prevent the existence of two parallel systems, coordination and harmonizing of the systems has to be ensured. In addition, the Health Information System (HIS) is not adequately reflecting SGBV data.

The main **opportunities** in addressing SGBV in Uganda are:

- The recognition of the challenges and a willingness to address SGBV by all stakeholders including the Government of Uganda, UNHCR, partner agencies as well as communities of concern
- Progressive applicable legal and policy framework with regards to SGBV and conducive to refugee self-reliance (see annex: Applicable Legal Framework)
- The security, protection space and 'out of camp' conditions in Uganda
- The ReHoPe overall strategic framework for self-reliance and resilience of refugee and host communities in Uganda and the objective to integrate social services into local government systems
- The availability of existing systems, response and coordination structures

- Stable and growth-oriented conditions in Uganda
- The development of different good practices (see below) and availability of capacities
- A strong focus on community participation and community-based protection
- Presence of many organizations and strong partnerships including interagency coordination and collaboration.

■ APPROACH

The SGBV strategy is based on a comprehensive and coordinated approach and is guided by the common principles of SGBV programming. Those include a survivor-centered, multi-sectoral prevention and response and falls within a rights-, results- and evidence-based as well as age, gender and diversity (AGD) framework. The strategy further builds on a multi-annual, interagency, collaborative and community-based protection approach. It recognizes that reaching meaningful impact in addressing SGBV requires long-term programming. Any progress requires different stages of change such as attitudinal, behavioral and social among all stakeholder, including communities, UNHCR, government counterparts and partners. An ecological stakeholder approach is hence an essential foundation for SGBV programming.

Additional underlying principles of SGBV and multi-sectoral programming are accountability, continuity, sustainability, synergy and innovation, which are essential for creating lasting change, in working together towards a common vision, while using innovative approaches to reach our vision. In order to facilitate these principles, it is important to create a community of practice and to work with role models.

In coordination with all stakeholders and counterparts, UNHCR along with OPM and partner organizations continues to play an important role to support stakeholders in SGBV programming. The Uganda SGBV Strategy has been developed in accordance with UNHCR's Action against Sexual- and Gender-Based Violence: An Updated Strategy, UNHCR's guideline on SGBV prevention and response, the 2015 IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action as well as Uganda's Protection and Solutions Strategy – ReHoPe. It is also informed by the UNHCR Education Strategy and UNHCR's Framework for the Protection of Children and the applicable strategies and policy frameworks.

The main mechanisms in implementing the strategy will be through partnerships, coordination, improved management as well as capacity building. Responsibility and accountability for SGBV programme development and implementation rest with all stakeholders as well as senior management levels. Implementing the Strategy as a core protection component requires adequate resources in form of capacities, staffing and financial resources.

■ ACHIEVEMENTS & GOOD PRACTICES

While different gaps and opportunities were identified, SGBV programmes have been implemented in Uganda for many years. Hence, different achievements and good practices have to be recognized as well. During the last years, awareness and capacities have improved and multi-sectoral response as well as key services are available. Most locations work with functioning Standard Operating Procedures and developed operational interagency coordination mechanisms. Multi-sectoral projects, community-based protection and mainstreaming have significantly expanded. The Gender-based Violence Information Management System (GBV IMS) has been established and used by UNHCR and partners in the refugee settings since 2012. The Strategy builds on those existing achievements.

In addition, several good practices in SGBV programming have been developed and implemented in Uganda. They should be highlighted, integrated and reinforced through the Strategy and respective action plans. Examples of good practices include:

- SASA!, which is an evidence-based, 4-phased community mobilization intervention that engages communities to prevent SGBV and promote gender equity and is based on the stages of change model.
- Safe from the Start multi-sectoral and community-based protection projects, which includes community watch groups, the youth pyramid approach as well as solar street lights and solar mobile charging stations interventions
- Briquette production
- Community-based protection policy development in West-Nile
- Music Dance and Drama Groups for youth
- Refugee representation in case management committees
- SGBV strategy development process
- Interagency SGBV assessments and community knowledge transfers
- Youth psychosocial support groups with an integrated socio-economic empowerment component
- SGBV hotlines
- Small group, outreach and sports competitions for SGBV awareness raising activities
- Mobility of judiciary court officers
- Vocational, technology and life skills training of illiterate women and girls dropped out from school.

This strategy incorporates these good practices and lessons learned, but also includes new perspectives to address current and expected contextual challenges.

■ METHODOLOGY – STRATEGY DEVELOPMENT

A critical component of the strategy formulation process was a 1-week national interagency strategy development workshop that involved all key stakeholders and took place in October 2015. The multi-stakeholder process included the mapping of the context, data and trends as well as reviewing achievements, opportunities, challenges and capacities. Based on the review, vision and mission statements were created as well as key strategic objectives for the coming five years, strategic actions and suggested activities identified and systematically

developed. The strategy development process was facilitated by the Senior Protection Officer (SGBV), who was deployed under the Safe from the Start initiative to Uganda in 2015.

The Strategy is the end result of this collaborative work. The concerted process has further allowed for cross-learning and synergies between different functions, sectors and geographical areas as well as contributed to ownership of and commitment to the Strategy. Information and input from the communities of concern was gained through community dialogues, participatory assessments, programme evaluations as well as the interagency SGBV assessment and respective knowledge transfer with the communities. In follow up to the workshop, the different offices developed their local action plans guided by the Strategy. The Strategy along with the action plans will guide SGBV programming from 2016 to 2020.

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STRATEGIC OBJECTIVES & ACTIONS

■ STRATEGIC OBJECTIVES 2016-2020

The following 5 strategic objectives will guide SGBV programming during the 5-year period between 2016 and 2020. The objectives address the challenges and build on the achievements and good practices outlined above.

1. **Putting the Community at the Center:** Capacity building, awareness raising and shifting ownership and leadership from an agency-led approach to a community-led approach with a focus on community-based protection
2. **Better Multi-sectoral Response:** Strengthening and improving individual case management systems, referral pathways and SGBV multi-sectoral response (including early identification, access to health, MHPSS, security, justice, shelter, nutrition, sanitary materials, livelihood and durable solutions)
3. **Better Mainstreaming and Coordination:** Improving mainstreaming of SGBV prevention and response and cross-sectoral coordination (including education, child protection, WASH, shelter, livelihood, food security) as well as national-level coordination and advocacy
4. **Creating Safe Environments:** Establishing safe environments and access to energy as well as adequate lighting in off-grid areas
5. **Particular Attention to Most Vulnerable Groups:** Particular attention will be paid to the protection of children against SGBV, male survivors and persons with specific needs

■ STRATEGIC ACTIONS

Based on the 5 strategic objectives, XVI strategic actions were developed, which constitute a high level national action plan. The strategic actions **integrate the three main types of intervention**: prevention, identification and response.

In addition, the Strategy prioritizes **five thematic action areas** based on the Global SGBV Strategy Framework's proposed action areas. The action areas aim at working with male survivors as well as sufficiently involving men and boys in prevention activities; mitigating the particular SGBV risks of displaced children at risk; preventing the risks and providing a safe environment as well as safe access to energy and resources of women and girls of concern when collecting fire wood, water or other resources as well as protecting persons of concern with specific needs at heightened risk of SGBV and discrimination such as persons with disabilities, older persons and LGBTI.

Moreover, there are different **cross-cutting aspects** that are emphasized such as assessment, data management, information sharing and M&E; humanitarian ethical standards as well as the exchange on good and evidence-based practices.

1. Putting the Community at the Center:

- I. Capacity building, awareness raising and shifting ownership and leadership from an agency-led approach to a community-led approach with a focus on community-based protection
- II. Strengthen and improve community-based protection and community participation and ensure a harmonized approach to managing community structures

2. Better Multi-sectoral Response:

- III. Strengthening and improving individual case management systems, referral pathways and SGBV multi-sectoral response (including security, justice, shelter, livelihood and durable solutions)
- IV. Improve access to and quality of health, mental health services, psychosocial support, nutrition and sanitary materials
- V. Improve early identification of survivors of SGBV

3. Better Mainstreaming and Coordination:

- VI. Improve mainstreaming of SGBV prevention and response and cross-sectoral coordination (including education, child protection, WASH, shelter, livelihood, food security)
- VII. Improve national-level coordination and advocacy

4. Creating Safe Environments:

- VIII. Providing safe environments and safe access to domestic energy and natural resources
- IX. Ensure adequate lighting in off-grid areas

5. Particular Attention to Most Vulnerable Groups:

- X. Protecting children of concern against SGBV
- XI. Improve working with male survivors and engaging men and boys
- XII. Protecting persons of concern with specific needs including persons with disabilities, older persons and LGBTI from SGBV

Cross-cutting Aspects:

- XIII. Improve assessment, data management, information sharing and M&E
- XIV. Promote humanitarian ethical standards for service providers and persons of concern
- XV. Improve exchange on good and evidence-based practice
- XVI. Ensure the implementation of the strategy and development and implementation of local multi-sectoral action plans

The following section is organized accordingly.

■ RECOMMENDED ACTIVITIES & EXPECTED RESULTS

According to the strategic objectives and actions, different recommended activities and expected results are outlined below.

1. Putting the Community at the Center

I. Capacity building, awareness raising and shifting ownership and leadership from an agency-led approach to a community-led approach with a focus on community-based protection



Recommendations for key activities and expected results

- Programming focus on long-term change and community ownership ensured
- Introduce, roll-out and ensure sustainable implementation of SASA! in all regions
- Representative community participation is ensured at all stages of the planning cycle and across all sectors
- Tailored capacity of all relevant stakeholder groups and across sectors improved through training (including on SGBV, case management and multi-sectoral response, guiding principles, clinical management of rape, survivor-centered and age appropriate service provision, interpretation, community-based protection, SASA!, managing community structures, mainstreaming etc.), coaching and dissemination of relevant materials (including IASC guidelines, strategy, documentation of good practices, tools etc.)
- Plans for re-training in areas of high turn over



Recommendations for key activities and expected results cont.

- Awareness raising activities conducted that include a joint public information strategy, tailored campaigns, participation in the 16 days of activism
- Protective legal framework promoted and respective gaps addressed through advocacy and lobbying with relevant institutions
- Applicable laws and policies, as part of IEC materials, translated into main local languages
- Good practices transferred to key stakeholders and institutions (with a focus on community-led practices – see also cross-cutting aspects, good practices)

II. Strengthen and improve community-based protection and community participation and ensure a harmonized approach to managing community structures



Recommendations for key activities and expected results

- Community-based protection (CBP) policy developed in West-Nile finalized and introduced to other regions, harmonization of CBP approach and support
- Support, management and capacity building of community structures and facilitators
- Expand multi-sectoral, community-based protection projects (i.e. community watch groups, crime preventers, youth groups, community-led solar lights projects, music, dance and drama groups)
- Community centres and community safe spaces promoted and supported
- Strategic involvement of community leadership promoted and supported (i.e. religious and cultural leaders) with gradual integration into activities
- Quick impact projects with the community based on community solutions explored

2. Better Multi-sectoral Response:

III. Strengthening and improving individual case management systems, referral pathways and SGBV multi-sectoral response (including security, justice, shelter, livelihood and durable solutions)



Recommendations for key activities and expected results

- Fully operational SOPs ensured
- Fully operational case management and care coordination systems ensured
- Access and quality of safe spaces and safe shelters ensured
- Access, quality and timely law enforcement, legal aid and justice ensured
- Functioning law enforcement, judicial system, legal aid and adequate responses (including monitoring of local traditional courts) ensured
- Access to appropriate services by persons with specific needs ensured
- Sustainable and community-based response mechanisms promoted
- Access to adequate education and livelihood opportunities ensured (including targeted and confidential referral of survivors)
- Access to durable solutions ensured
- Regular assessments on functioning, access and quality of multi-sectoral and survivor-centered response and referral mechanisms and necessary adjustments implemented

IV. Improve access to and quality of health, mental health services, psychosocial support, nutrition and sanitary materials



Recommendations for key activities and expected results

- Access to and availability of emergency care such as PEP, EC and STD prophylaxis ensured
- Appropriate survivor-centered and age appropriate service provision (including ensuring respect, confidentiality and privacy) ensured
- Appropriate provision of mental health care and psychosocial support of survivors and significant others ensured
- Holistic approach to prevention and intervention of substance abuse ensured, alcohol and substance abuse prevention and intervention programmes implemented with strong linkages to SGBV
- Appropriate access to and provision of medico-legal exams and witnessing for court procedures ensured
- Nutrition support to survivors of SGBV on recovery regimes (i.e. PEP) ensured
- Sufficient and appropriate provision of sanitary materials and menstrual hygiene education ensured
- Recording of SGBV data in HIS ensured
- Availability of adequate capacities and resources ensured

V. Improve early identification of survivors of SGBV



Recommendations for key activities and expected results

- Community-based identification mechanisms promoted, ensured and strengthened
- Identification of male survivors, children at risk and other marginalized groups improved
- Identification capacities strengthened and local focal point networks created

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3. Better Mainstreaming and Coordination:

- VI. **Improve mainstreaming of SGBV prevention and response and cross-sectoral coordination (including education, child protection, WASH, shelter, livelihood, food security)**
- VII. **Improve national-level coordination and advocacy**



Recommendations for key activities and expected results

Applicable to all sectors

- Coordination and integrated programming with sectors improved
- Representative participation (including of women) in all sectoral committees (i.e. WASH, food, CP) ensured

Applicable to national level coordination

- Review of humanitarian assistance standards to ensure gender- and protection-sensitive targeting and programming (i.e. review CRI distribution criteria and consider in addition to household size also household composition)
- National-level coordination and advocacy improved

Applicable to education

- Girls education and gender parity promoted and school drop-outs prevented
- Perceptions with regard to female education addressed
- Targeted interventions for children out of school and with specific needs at risk of SGBV implemented (including support for re-entry of young mothers)
- Number of female teachers increased
- Inclusive education (i.e. appropriate access for persons with specific needs including SGBV survivors and young mothers) promoted
- Safe school and learning environments ensured (including the way to school)
- Appropriate sanitation facilities in schools ensured (including for menstrual hygiene) (see also child protection under objective 5 and below)
- SGBV incorporated in school curricula and teachers trained (including on code of conduct, referral pathways, guiding principles)
- Mandatory code of conduct implementation and enforcement of code of conduct ensured

Applicable to child protection

- Common programmes to address different overlapping SGBV types designed, in particular early/child marriage through prevention and response mechanisms (See also child protection under objective 5)

Applicable to registration and complaint mechanisms

- Advocacy for individual registration is conducted
- A formal, standardized and functioning complaint mechanisms exists in all



Recommendations for key activities and expected results cont.

Applicable to WASH

- Separate and labelled communal and institutional latrines for men/women and boys and girls ensured
- Lockable latrines ensured
- Adequate menstrual sanitation facilities, especially in schools, ensured
- Sufficient number of water points in safe areas available
- Community representation in WASH planning processes ensured

Applicable to safe shelters and community environments

- Adequate and safe shelters and community environments ensured (including lockable shelters)
- Adequate safe protection shelter and safe spaces ensured (including different options, SOPs, exit strategies, security provisions)

Applicable to livelihood

- Link key programmes to livelihood activities, including youth and women engagement in productive activities and referrals for SGBV survivors
- Women support groups established

Applicable to food security, NFI and CRI

- Representative inclusion of women in food security programming ensured
- Adequate food, NFI and CRI distribution ensured, safeguards and training provided

Applicable to peace building

- Host – refugee relationship building activities supported
- Host community is included in programming
- Establishment of mixed refugee-host community structures and provision of support

4. Creating Safe Environments:

VIII. Providing safe environments and safe access to domestic energy and natural resources



Recommendations for key activities and expected results

- Safe access to energy and natural resources in particular when collecting supported
- Introduction of alternative sourced of energy sources including for domestic use promoted and supported (i.e. safe collection wood lots, briquettes, solar)
- Energy saving and utilization saving practices supported (i.e. energy saving stoves)

IX. Ensure adequate lighting in off-grid areas



Recommendations for key activities and expected results

- Comprehensive mapping of lighting needs according to standardized guidance and participatory prioritization of lighting interventions
- Multi-sectoral solar lighting interventions implemented, embedded in cost-recovery systems (i.e. through community income generating solar mobile charging stations)

5. Particular Attention to Most Vulnerable Groups:

X. Protecting children of concern against SGBV



Recommendations for key activities and expected results

- Youth-targeted programmes and specific activities as well as spaces promoted and supported
- Perceptions with regard to children, parenting and respective practices addressed
- Child protection community structures strengthened, roles clarified and duplication prevented
- Referral of children at risk to best interest processes ensured
- Community-based child care structures strengthened
- Access to literacy and vocational training for mothers (including teenage mothers) strengthened (see objective 3, education)
- Protection of UASC strengthened, foster care arrangements improved
- Access to safe child friendly spaces with targeted activities and with special attention to girls improved
- Access to and quality of child-friendly case management and multi-sectoral services ensured
- Protective environments in particular education and schools as safe environments ensured (see also objective 3 on education and health/hygiene interventions)

XI. Improve working with male survivors and engaging men and boys



Recommendations for key activities and expected results

- Early identification of male SGBV survivors improved and sensitive screening promoted
- Capacities of services providers to identify and respond to male survivors of SGBV improved
- Inclusive referral pathways and messaging ensured
- Consideration in national level advocacy on legal framework ensured
- Male survivor focused programmes (i.e. safe spaces, response focal points, peer support groups and access to medical care) supported
- Gender equality promoted in institutional responses
- Identification of key male leaders to become partners and role models
- Mixed outreach and awareness raising teams created
- Capacity building and development of IEC materials ensured

XII. Protecting persons of concern with specific needs including persons with disabilities, older persons and LGBTI from SGBV



Recommendations for key activities and expected results

- Special considerations for persons with disabilities, older persons and LGBTI integrated in prevention and identification activities
- Appropriate services provision for persons with disabilities, older persons and LGBTI ensured

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Cross-cutting Aspects

XIII. Improve assessment, data management, information sharing and M&E



Recommendations for key activities and expected results

- Adequate information management and reporting mechanisms promoted and supported
- SGBV multi-sectoral and systematic data collection and reporting mechanisms established
- Adequate assessments (including participatory) and SGBV assessments conducted (including rapid assessments at the beginning of an emergency or renewed influx) with an age-, gender- and diversity-perspective, based on a multi-sectoral and interagency approach
- Adequate integration of SGBV aspects into local participatory assessments and verification exercises, which are implemented through appropriated methodologies and safeguard ethical considerations for data collection
- GBV IMS implementation improved (including data collection and analysis, focused interagency data analysis at different working group levels conducted)
- National Information Sharing Protocol drafted and implemented
- Monthly data reporting and analysis at locational and national level prepared
- Interface between national GBV database with GBV IMS clarified, capacity building, security of data, anonymity of data provision and inclusion of missing fields (i.e. refugee status and CoO) ensured
- Registration, profiling and targeting mechanisms improved and strengthened
- Partner and service providers adhere to workplan and agreement provisions
- Reporting and monitoring under applicable Security Council Resolutions (SCRs) supported
- Regular sectoral process audits and impact evaluations by SGBV specialists ensured

XIV. Promote humanitarian ethical standards for service providers and persons of concern



Recommendations for key activities and expected results

- Functioning focal point, reporting/complaint mechanism and investigation system at local and national level ensured
- Regular capacity building and awareness raising ensured
- Establishment of in-country PSEA network and monitoring of all partners ensured

XV. Improve exchange on good and evidence-based practice



Recommendations for key activities and expected results

- Good practices documented and shared, exchange practices established
- Good practices duplicated, monitored and evaluated

XVI. Ensure the implementation of the strategy and development and implementation of local multi-sectoral action plans



Recommendations for key activities and expected results

- Local multi-sectoral action plans are developed based on the national strategy
- Activities of action plans are reflected in IP agreements and working group work plans
- Implementation of action plans are monitored and if necessary adjusted
- Local action plans are evaluated yearly against baselines, lessons learned and good practices
- Collaboration with local actors and civil society strengthened



ACTION PLANS & KEY INDICATORS

■ TEMPLATES

As per the action plan templates, each selected objective should identify an impact indicator and respective activity should identify outputs, performance indicators and respective targets on a yearly basis in order to measure the results of interventions. The following section provides an overview of objectives, outputs and indicators from the Results-based Framework (RBF), which can guide some of the input. However, the RBF does not necessarily provide the level of detail needed to reflect the necessary programme and activities. Contextualized indicators and targets should therefore be developed. Relevant actors implementing and monitoring should be indicated in the action plans.

General template across objectives

SBV Goal	Main activities	Output	Implementation (Responsible partner and/or UNHCR focal point for follow up and monitoring)	Performance Indicator	Target 2016	Target 2017	Target 2018	Target 2019	Target 2020	Comments (linkages)
Objective:										
Impact Indicator:										
SBV Goal	Main activities	Output	Implementation (Responsible partner and/or UNHCR focal point for follow up and monitoring)	Performance Indicator	Target 2016	Target 2017	Target 2018	Target 2019	Target 2020	Comments (linkages)
Objective:										
Impact Indicator:										

Thematic action areas

Location										
SGBV Goal	Main activities	Output	Implementation (Responsible partner and/or UNHCR focal point for follow up and monitoring)	Performance Indicator	Target 2016	Target 2017	Target 2018	Target 2019	Target 2020	Comments (Linkages)
Goal 1: Protecting Children of Concern against SGBV										
Impact Indicator:										
SGBV Goal										
Goal 2: Addressing harmful sex as a coping mechanism										
Impact Indicator:										
SGBV Goal										
Goal 3: Engaging men and Boys										
Impact Indicator:										
SGBV Goal										
Goal 4: Providing safe environments and safe access to domestic energy and natural resources										
Impact Indicator:										
SGBV Goal										
Goal 5: Protecting Persons of Concern with Disability against SGBV										
Impact Indicator:										

National level coordination and cross-cutting aspects

Location										
NATIONAL LEVEL										
SGBV Goal	Main activities	Output	Implementation (Responsible partner and/or UNHCR focal point for follow up and monitoring)	Performance Indicator	Target 2016	Target 2017	Target 2018	Target 2019	Target 2020	Comments (Linkages)
Objective:										
Impact Indicator:										
SGBV Goal										
Objective:										
Impact Indicator:										

■ KEY RBF OBJECTIVES & INDICATORS



RBF Objective and Impact Indicators

Objective:

- Risk of SGBV is reduced and quality of response improved Ensure regular capacity building and awareness raising

Impact Indicators:

- Extent known SGBV survivors receive appropriate support
- Extent community is active in SGBV prevention and survivor centered protection
- # of reported incidents of SGBV

Output 1:	Participation of community in SGBV prevention and response enabled and sustained
Performance Indicator 1.1:	# of community-based committees/ groups working on SGBV prevention and response
Performance Indicator 1.2:	# of awareness raising campaigns on SGBV prevention and response conducted
Output 2:	Capacity development supported
Performance Indicator 2.1:	# of partner, government and UNHCR staff trained on SGBV prevention and response
Performance Indicator 2.2:	# of PoC trained on SGBV prevention and response
Output 3:	Legal assistance provided
Performance Indicator 3:	# of reported SGBV incidents for which survivors receive legal assistance
Output 4:	Psychosocial counselling provided
Performance Indicator 4:	# of reported SGBV incidents for which survivors receive psychosocial counselling
Output 5:	Safety and security for SGBV survivors provided

Performance Indicator 5: # of reported SGBV incidents for which survivors are provided with a safe space

Output 6: Material assistance provided

Performance Indicator 6: # of reported incidents for which survivors receive material assistance

Output 7: Safe and survivor centered SGBV procedures and coordination mechanisms functional

Performance Indicator 7: % of SGBV-related partners actively participating in coordination mechanisms

Output 8: Safety and security for SGBV survivors provided

Performance Indicator 8: # of reported SGBV incidents for which survivors are provided with a safe space

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RISKS & RISK MANAGEMENT

The SGBV Strategy builds on certain contextual, situational and institutional planning assumptions and incorporates different most realistic scenarios. Unexpected developments can change the direction of the strategy or specific areas.

Risks will be considered at every stage and can be of strategic, operational or financial nature. Specific foreseeable risks include, but are not limited to, the following

- Changing political dynamics
- Increasing or decreasing numbers of refugees and asylum-seekers arriving
- Changes in processing of IP agreements
- Changing nature and quality of partnerships

Managing risks is a touchstone for a successful strategy. Based on continued risk assessment during implementation and review occurring risks will be addressed and mitigated either through adjusting plans to circumvent risks, mitigating risks through immediate steps that reduce impact and likelihood, accepting the risk and the consequences or transferring/sharing the management of the risk to another entity/entities.



ANNEX: APPLICABLE LEGAL, POLICY & INSTITUTIONAL FRAMEWORK

While Uganda has ratified a number of international and regional conventions and treaties, the supreme law in Uganda is the 1995 Constitution. Uganda is part of international and regional human rights treaties and commitments, which prohibit SGBV.⁴

The **international conventions** to which Uganda is party include: the Universal Declaration of Human Rights (UNDHR) (1948), International Covenant on Civil and Political Rights (ICCPR), International Covenant on Economic, Social, and Cultural Rights (ICESCR) and the International Covenant on Civil and Political Rights (ICCPR).

Uganda is committed to the implementation of UN Security Council Resolutions 1325 and 1820 (UN SCR 1325 and 1820) and has developed respective action plans. UNSCR 1325 (2000) calls on parties to armed conflicts to take special measures to protect women and girls from SGBV, in particular sexual violence. It also emphasizes the responsibility of the state to end impunity and prosecute those responsible for war crimes, genocide crimes and crimes against humanity including crimes of SGBV. In addition, the UNSCR 1820 (2008), demands that all parties in armed conflict adopt concrete protection and prevention measures to end sexual violence. It also asserts the importance of women's participation in all processes related to ending sexual violence in conflict.

Uganda is part to the UN Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), ratified in 1985. CEDAW aims to eliminate any distinction, exclusion or restriction made on the basis of sex, which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. In addition, it emphasizes the obligation of states: "to take appropriate and effective measures to overcome all forms of gender-based violence, whether by public or private actors; [and to] ensure that laws against family violence and abuse, rape, sexual assault and other gender-based violence, give adequate protection to all women, and respect their integrity and dignity." (See the general Recommendation 19: of the CEDAW Committee UN. Doc A/47/38 at 1 (1993), Paras 6-7). The Optional Protocol to CEDAW was adopted in 1999 and entered into force in 2000. Uganda is further committed to the implementation of the Beijing Declaration and Platform for Action on the Elimination of Violence Against Women (DEVAW), which recognizes violence against women as an obstacle to achieving objectives of equality, development and peace.

⁴ This section was adapted in the 2015 Interagency SGBV assessment report by ACB.

Uganda also ratified the UN Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment as well as the UN Convention on the Rights of the Child. Uganda also ratified the Rome Statute (1998) of the International Criminal Court, which recognizes rape, sexual slavery, forced prostitution, forced pregnancy, forced sterilization, and other forms of sexual violence as war crimes and crimes against humanity.

At the **regional level**, Uganda is signatory to:

- the African Charter on Human and Peoples' Rights (1986). This includes a number of articles on the equality of women in politics, before the law, in education, health, marriage, food, shelter, etc. It provides equal rights for women at all times, and emphasizes specifically the right to peace, including participation in all conflict resolution and reconstruction efforts.
- the Maputo Protocol (2003), a protocol to the African Charter on Human and People's Rights called the Protocol on the Rights of Women in Africa (2003) (also known as the Maputo Protocol), which guarantees comprehensive rights to women including the right to take part in the political process, to social and political equality with men, to control their reproductive health, and to end female genital mutilation.
- the ICGLR Protocol (2006), which aims to provide protection for women and children against the impunity of sexual violence in the Great Lakes region.
- the Goma Declaration (2008), to which Uganda is a signatory, asks member states to provide the necessary protection measures for women and girls against GBV, provide assistance and care and support to GBV survivors, put in place measures to fight impunity, and increase women's participation in decision-making and conflict-resolution bodies.
- the Kampala Declaration (2011), which concretizes commitment of member states to address SGBV.

At the **national level**, Uganda has through the Constitution, the Penal Code, various laws and policies domesticated most international and regional instruments, such as CEDAW, DEVAW, Goma Declaration, UNSCR 1325 and 1820. The 1995 Constitution of Uganda, the supreme law of Uganda, emphasizes the rights of women in Article 33 and the specific protection of and rights of children in Article 34. The Ugandan Constitution and its amendments provides for equality between women and men "before the law and in all spheres of political, economic, social and cultural life." The Constitution recognises the role of women in society, accords equal citizenship rights, freedom from discrimination, affirmative action in favour of women, articulates specific rights of women including outlawing customs, traditions and practices that undermine the welfare, dignity and interests of women. Laws, cultures, customs or traditions, which are against the dignity or interest of women or which undermine their status are prohibited (Uganda 1995, Art. 33; AI 30 Nov. 2007, Sec. 3.2). It further provides for gender balance and fair representation of marginalised groups.

The Constitution further states that no person shall be subjected to any form of torture, cruel inhuman or degrading treatment or punishment; every person has a right to own property either individually or in association with others; all persons have the right to education, and equal payment for equal work shall be provided without discrimination. The Constitution also states that the "state shall provide the facilities and opportunities necessary to enhance the welfare of the women and to enable them to realize their full potential and advancement."

According to the Constitution, men and women of the age of eighteen and above have a right to marry and to found a family and are entitled to equal rights in marriage, during marriage

and at its dissolution. Marriage shall be entered into with the free consent of the man and the women intending to marry.

Under the Marriage Act, marriage requires consent, and should be a result of free will. In Uganda, only heterosexual marriages are recognised by law. Girls below 19 and boy below 21 require consent of their parents. A marriage has to be performed in a legally recognized place and by a legally recognized person; forced marriages are illegal. Further regulations for religious and civil marriages are the Customary Marriage Act, the Hindu Marriage and Divorce Act, the Marriage and Divorce of Mohammedans Act, the Marriage of Africans Act, and the Divorce Act, some of which are overtaken by the marriage act, but were not yet challenged in court yet.

The Penal Code Act and its amendment are the main legal provisions on SGBV crimes including assault or grievous bodily harm, indecent assault, defilement, rape, and attempted rape. Rape is defined as “the unlawful carnal knowledge of a women or girls without her consent or with her consent, if the consent was obtained by force, threats or intimidation.” The definition does not cover rape of men. The maximum penalty is the death penalty. Defilement is defined as sexual intercourse with a person below 18 years. While under certain circumstances it is possible to get married between 16 to 18 years, it is not possible to have sexual intercourse with a person below 18 years legally. The Penal Code includes the offence of aggravated defilement for perpetrators infected with HIV/Aids. The penalty for crimes of sexual and gender-based violence against minors depends on the age of the survivor. The Act lays out compensation and reparation provisions for SGBV survivors.

The 2010 Domestic Violence Act criminalizes marital rape and other forms of domestic violence, and provides for protection and compensation for victims. The 2010 Female Genital Mutilation Act bans all types of Female Genital Mutilation. Uganda is a source, transit and destination of human trafficking; the 2009 Prevention of Trafficking in Persons Act provides for the prevention and prohibition of human trafficking in line with the basic principles of the 2000 Palermo Protocol.

The 1997 Children Act reforms and consolidates the law relating to children and the 1964 Probation Act specifies the roles of probation and social welfare officers, which can intervene according to procedures in cases of child abuse or abuse of women.

The 2011 Succession Amendment Bill was enacted to address unequal practices that dominated inheritance matters, to recognize women’s rights to inherit and own property and to preserve the widow’s right to remain in the matrimonial home. While the 2010 Land Amendment Act to the Land Act does not provide for equal rights of ownership of land, it provides spouses with the security of occupancy on registered land.

Uganda also has policies related to gender, health and HIV/Aids, development, poverty eradication and universal primary education that provide for prevention and mitigation of SGBV. The National Gender Policy (NGP) developed in 1997 and revised in 2007 confirms Uganda’s commitment to gender equality and elimination of gender inequality. The National Gender-based Violence Policy is not in place yet, but is with the Parliament and aims at guiding action on prevention and response to SGBV and ending impunity.

By-laws, are rules or administrative provisions adopted by an organization of community for its internal governance, which are inferior to national law. Due to lengthy or inaccessible judicial procedures they are often brought into place to provide faster and cheaper ways to resolve minor issues at the local level by local leaders.

Customary law are rules/customs/traditions governing a particular tribe, clan or community, which are often unwritten. Any customary law that is however against the dignity, welfare or interests of women and other marginalised groups or which undermine their status are prohibited by the Constitution (see Art 32 (2) and can only be enforced if it does not contradict the Constitution or Statutes.

In general the legal and policy context in Uganda is forward looking, rights-based and progressive. If adequately implemented and enforced, the legal framework can help to address SGBV in Uganda and among South Sudanese refugees in Uganda.

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